

(1) PLACE OF BIRTH

County of Dorchester

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76764

Township of SummersideInc. Town of SummersideCity of Summerside

(if birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 17ARegistered No. 66

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 30, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis A. Conway(9) PRESENT POSTOFFICE OF FATHER Summerside(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 30

(Years)

(12) BIRTHPLACE Philadelphia Pa(13) OCCUPATION Mechanic(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Condon(15) PRESENT POSTOFFICE OF MOTHER Summerside(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 30

(Years)

(18) BIRTHPLACE Charleston(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. J. Capore(24) State of Physician or Midwife (25) Address of Physician or Midwife Summerside Pa

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed in ink)

(27) Filed Aug 31, 1916

(28)

Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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