

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Caw, of Columbia.

(1) PLACE OF BIRTH County of <u>Florence</u> Township of <u>Lake City</u> or Inc. Town of or City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>2012</u>		File No.—For State Registrar Only 72688	
(2) Full Name of Child <u>Cornie Ruth Connor</u>		Registered No. <u>3-7</u> (For use of Local Registrar) St.: Ward: If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22, 1916</u> <small>(Name of Month) (Day) (Year)</small>	
FATHER.			MOTHER.		
(8) FULL NAME <u>Simon Orichard Connor</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Estelle Patton</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lake City S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Lake City S.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> <small>(Years)</small>	(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>29</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Williamburg Co</u>			(18) BIRTHPLACE <u>Florence Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE* (22) I hereby certify that I attended the birth of this child, who was <u>Cornie Ruth Connor</u> at <u>11:30</u> A. M., on the date above stated. <u>June 22, 1916</u> (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Dr. J. W. Littlehead</u> (24) State whether Physician or Midwife <u>Physician</u> (25) Address of Physician or Midwife <u>Lake City S.C.</u>					
Given name added from a supplemental report 191.... Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed 191... (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.