

8/28/44
in hall
not paid
mrd

Form No. 3

22 049271

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

FILE No.—For State Registrar Only
00797

County of Orangeburg
Township of Middle
or
Inc. Town of Township
or
City of _____

Registration District No. 3620 Registered No. _____
(For use of Local Registrar)
St.; _____ Ward)

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

2. FULL NAME OF CHILD Fannie Evelyn Connor } If child is not yet named, make supplemental report as directed.

3. ~~BOY~~ OR GIRL Girl 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? Yes. 7. DATE OF BIRTH October 6, 1922
(Name of Month) (Day) (Year)

FATHER		MOTHER	
8. FULL NAME <u>Robert Swinton Connor</u>	14. NAME BEFORE MARRIAGE <u>Bessie Cora Martin</u>		
9. ADDRESS AT CHILD'S BIRTH <u>Bowman, South Carolina</u>	15. ADDRESS AT CHILD'S BIRTH <u>Bowman, South Carolina</u>		
10. COLOR OR RACE <u>White</u>	11. AGE AT CHILD'S BIRTH <u>34</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT CHILD'S BIRTH <u>32</u> (Years)
12. BIRTHPLACE <u>Bowman, South Carolina</u>	18. BIRTHPLACE <u>Bowman Fairforest, S. C.</u>		
13. OCCUPATION <u>Planter</u>	19. OCCUPATION <u>(tipped before marriage) Housewife</u>		
20. Number of children born to mother, including present birth <u>five</u>	21. Number of children by this mother now living, including present birth <u>five</u>		

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 L. A. Riser, M.D.
24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife _____

Given name added from a supplemental report _____ 194 _____
26. Witness _____ (Signature of Witness necessary only when question 23 is signed by mark)
27. Filed Oct 12 1944 28. L.A. Riser, M.D. 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.

MARGIN RESERVED FOR BINDING
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.