

8/28/44
in hall
not paid
mrd

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.

Form No. 3

22 049271

1. PLACE OF BIRTH

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

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

FILE No.—For State Registrar Only
00797

Registration District No. 3620 Registered No. _____
(For use of Local Registrar)
(No. _____ 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
8. FULL NAME Robert Swinton Connor
9. ADDRESS AT CHILD'S BIRTH Bowman, South Carolina
10. COLOR OR RACE White 11. AGE AT CHILD'S BIRTH 34 (Years)

MOTHER
14. NAME BEFORE MARRIAGE Bessie Cora Martin
15. ADDRESS AT CHILD'S BIRTH Bowman, South Carolina
16. COLOR OR RACE White 17. AGE AT CHILD'S BIRTH 32 (Years)

12. BIRTHPLACE Bowman, South Carolina
13. OCCUPATION Planter

18. BIRTHPLACE Bowman Fairforest, S. C.
19. OCCUPATION (tigger before marriage)
Housewife

20. Number of children born to mother, including present birth five

21. Number of children by this mother now living, including present birth five

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____

Registrar

26. Witness _____

(Signature of Witness necessary only when question 23 is signed by mark)

Oct 12

44

L.A. Riser, M.D.

27. Filed _____

10 _____

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.