

## 1. PLACE OF BIRTH

County of \_\_\_\_\_

Township of \_\_\_\_\_

or \_\_\_\_\_

City or Town of \_\_\_\_\_

or \_\_\_\_\_

City of Spartanburg

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

Registration District No. 40-A(No. Wadeville, S.C.)

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

FILE No.—For State Registrar Only

5668-ARegistered No. 675  
(For use of Local Registrar)

## 2. Full Name of Child

3. SEX OR

GIRL

Boy

4. Twin or

Triplet?

To be answered only in event of Twins or Triplets

5. Number in order

of birth

6. Are

Parents

Married?

yes

7. DATE OF BIRTH

Feb.

(Name of Month)

28

(Day)

1922

(Year)

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

## FATHER

8. FULL

NAME

Peter H. Conton

9. PRESENT

POSTOFFICE

OF FATHER

Chicago Ill.

10. COLOR

OR

RACE

white

11. BIRTHPLACE

Trisoli, Greece

12. OCCUPATION

Fruit dealer

Number of children born to

father, including present birth {

## MOTHER

14. NAME BEFORE

MARRIAGE

Geneva Williams

15. PRESENT

POSTOFFICE

OF MOTHER

Chicago

16. COLOR

OR

RACE

white

17. AGE AT LAST

BIRTHDAY

26

(Years)

18. BIRTHPLACE

Paris, Ill.

19. OCCUPATION

nurse

20. Number of children of this mother

now living, including present birth {

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

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

27. Filed

1-1-192328. YesCopes

Local Registrar

19. Registrar

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