

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of

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

(2) Full Name of Child Boyd Gordon Connell

File No.—For State Registrar Only

16647

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-aRegistered No. 137
(For use of Local Registrar)

St.; Ward)

(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: 2(6) Are Parents Married? yes(7) DATE OF BIRTH May 3rd 1922
(Name of month) (Day) (Year)

FATHER.

(8) FULL NAME John James Connell(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Landon S.C.(13) OCCUPATION Clerk - Grocery Store(20) Number of children born to mother, including present birth: 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Gordon Williams(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 33
(Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6:45 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) James L. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-1-22

(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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