

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 6.

(1) PLACE OF BIRTH

County of Beaufort
Township of Beaufort
OF
Inc. Town of.....
OR
City of.....

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

The Pa.—For State Registrar Only
42171

Registration District No. 1707 Registered No. 53
(For use of Local Registrar)

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

(2) Full Name of Child Rubert Conroy

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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 31 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME William Conroy
(9) PRESENT POSTOFFICE OF FATHER Summerville
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 37
(12) BIRTHPLACE Beaufort Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth (6)

MOTHER.
(14) NAME BEFORE MARRIAGE Edith Strible
(15) PRESENT POSTOFFICE OF MOTHER Summerville
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 17
(18) BIRTHPLACE Summerville S
(19) OCCUPATION Domestic
(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 alive at 9:00 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Edith Strible State South Carolina Physician or Midwife (24) Address of Physician or Midwife Summerville

Given name added from a supplemental report

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

(26) Edith Strible (27) Edith Strible 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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