

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

(1) PLACE OF BIRTH

County of Dorchester
Township of Burns
or
Inc. Town of Ridgewill
or
City of Ridgewill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34158

Registered No. 61
(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 John Henry Connor (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 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 8 22
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Samuel Connor
(9) PRESENT POSTOFFICE OF FATHER Ridgewill
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35
(Year) (12) BIRTHPLACE S. Car.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 5

MOTHER
(14) NAME BEFORE MARRIAGE May Bunch
(15) PRESENT POSTOFFICE OF MOTHER Ridgewill
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28
(Year) (18) BIRTHPLACE S. Car.
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 a. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Pratt

(24) State whether Physician or Midwife midwife

(25) Address of Physician or Midwife Ridgewill

Given name added from a supplemental report

(26) Witness

(Signature of Witness) Sept 15 22

(27) Filed

(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.