

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of WilliamstonInc. Town of Bluffton

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 32

File No. - for State Registrar Only

38467

Registered No. 173
(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

(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 26) Are Parents Married? yes7) DATE OF BIRTH Dec 11, 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME George L. McConnel9) PRESENT POSTOFFICE OF FATHER Plyer St10) COLOR OR RACE white11) AGE AT LAST BIRTHDAY 24
(Year)12) BIRTHPLACE Plyer St13) OCCUPATION Mill work20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Idell Stark15) PRESENT POSTOFFICE OF MOTHER Plyer St16) COLOR OR RACE W.C.17) AGE AT LAST BIRTHDAY 21
(Year)18) BIRTHPLACE Anderson County19) OCCUPATION l.c.21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 45 at 10 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. L. ...

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Plyer St

(When name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 5, 1924(28) W. L. ... 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.