

(1) PLACE OF BIRTH

County of Charleston
 Township of Bay
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14368

Registration District No. 1303Registered No. 94
(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 Alea Burton Conque If child is not yet named, make supplemental report as directed3) BOY OR GIRL Boy4) Twin or Triplet? ☒(5) Number in order of birth 1
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH May 12, 1922
(Name of Month) (Day) (Year)

FATHER

5) FULL NAME Leroy A. Conque9) PRESENT POSTOFFICE OF FATHER Turbinville St.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Harmon(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Sizzie Valath Fairbairn(15) PRESENT POSTOFFICE OF MOTHER Turbinville St.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE 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 above at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucy M. Wilson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Turbinville, S.C.

Given name added from a supplemental report

(26) Witness L. J. Turbinville

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

(27) Filed May 19, 1922(28) L. J. Turbinville 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.