

(1) PLACE OF BIRTH.

County of Horry
 Township of Gallinets Ferry
 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

30753

Registration District No. 2505Registered No. 83
(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 R. A. Conversey

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF

BIRTH 9 14 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Richard Consey

(9) PRESENT POSTOFFICE OF FATHER

Seaside Ferry S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

35
(Year)

(12) BIRTHPLACE

Horry County

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Theodora Bessie Cook

(15) PRESENT POSTOFFICE OF MOTHER

Gallinets Ferry S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

29
(Year)

(18) BIRTHPLACE

Dillon County

(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 alive at 9 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) H. Rosen

(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 Sept 10 1922

(28)

Leo McHughes
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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.

RECEIVED