

(1) PLACE OF BIRTH

County of AndersonTownship of Cornor

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. B.P.T.

File No.—For State Registrar Only

238

Registered No. 4
(For use of Local Registrar)

(2) Full Name of Child

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

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

(3) SEX OF CHILD

Boy

(4) Type or Figure

C

(5) Number in order of birth

1

(6) Is child named after a living person?

yes

(7) DATE OF BIRTH

22 10 23
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Homer O'Connell

(9) PRESENT POSTOFFICE OF FATHER

Iva, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Kelley

(15) PRESENT POSTOFFICE OF MOTHER

Iva, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

32
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

Four

(21) Number of children of this mother now living, including present birth

Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 9:30 P.M.
on the date above stated. (Born alive) (Hour, M. or P. M.)

(23) (Signature)

Dr. O. H. O'Connell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Jan 26 1923 (28) S. M. McAdams
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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