

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE NO. For State Registrar Only

4760

County of ConroeTownship of Seneca

Inc. Town of _____

Registration District No. 3504Registered No. 24
(For use of Local Registrar)

City of _____

(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 Paul Connolly

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Feb 10 1923
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

MOTHER

(8) FULL
NAMEPaul Connolly(14) NAME BEFORE
MARRIAGERosa Bond(9) PRESENT
POSTOFFICE
OF FATHERSeneca S(15) PRESENT
POSTOFFICE OF
MOTHERSeneca(10) COLOR
OR
RACEcolored(11) AGE AT LAST
BIRTHDAY(years) 2(16) COLOR
OR
RACEcolored(17) AGE AT LAST
BIRTHDAY(years) 21

(12) BIRTHPLACE

Fairplay

(18) BIRTHPLACE

Westminster

(13) OCCUPATION

Saw milling

(19) OCCUPATION

Cooking(20) Number of children born to
mother, including present birth3(21) Number of children of this mother;
now living, including present birth3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mollie Moody

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

SenecaGiven name added from a supplemental
report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 3/1/23

(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.

FIRST-BORN. No. 1. THE OTHER, No. 2 etc., in question 1.