

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. for this Register

24552

County of

Township of

City of

City of

Registration District No. 220 Registered No. 448

(For use of Local Registrar)

(No. 108) (St. 11) (Ward)

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

(2) Full Name of Child B. Davis Park 92: If child is not yet named, make supplemental report as directed

(3) SEX OR Male (4) Type or Full (5) Number in order of birth 33 (6) Age at last birthday 33 (7) DATE Aug 30 1923
To be answered only in event of Twin or Triplet

FATHER.

(8) FULL NAME B.M. Park(9) PRESENT POSTOFFICE OF FATHER Green S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33(12) BIRTHPLACE Saluda S.C.(13) OCCUPATION Bookkeeper(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Rose Anna Davis(15) PRESENT POSTOFFICE OF MOTHER Green S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 37(18) BIRTHPLACE Asherville N.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive born alive or stillborn (How A. M. or P. M.)(22) (Signature) Chas. Bates

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Given name added from a supplemental report

Gennie Finney7th 17 1922

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

(26) Date Sept 10 1923 (27) C.E. Smith 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.