

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Williamstonor
Inc. Town of Legeror
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3

File No.—For State Registrar Only

5790

Registered No. 30
(For use of Local Registrar)

(No. 64; Ward)

(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)

(2) Full Name of Child

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

yes

(5) Number in order of birth

3

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

March 10, 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

W. A. Park

(9) PRESENT POSTOFFICE OF FATHER

Peyser

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Year)

(12) BIRTHPLACE

Greenville County

(13) OCCUPATION

Mill Work

(14) NAME BEFORE MARRIAGE

Linnell Dyer

(15) PRESENT POSTOFFICE OF MOTHER

Peyser

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

26
(Year)

(18) BIRTHPLACE

Ga.

(19) OCCUPATION

Dancer

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

3

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) near A. M. or P. M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

March 13, 1923

(28) By

Local Registrar19
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH A PENCIL INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCam of Columbia, Columbia, S. C.