

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Anderson
Township of Williamston
or
Loc. Town of Leger
or
City of

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

5790

Registration District No. 3 Registered No. 30
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet <u>yes</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>March 10, 1923</u> (Month of Month) (Day) (Year)
FATHER.		MOTHER.		
(8) FULL NAME <u>W. A. Park</u>	(14) NAME BEFORE MARRIAGE <u>Linnell Dyer</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Peyser</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Peyser</u>			
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u>	
(12) BIRTHPLACE <u>Greenville County</u>	(18) BIRTHPLACE <u>Ga</u>			
(13) OCCUPATION <u>Mill Work</u>	(19) OCCUPATION <u>Dancer</u>			
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>4</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... at 2 P. M., on the date above stated. (Born alive or stillborn) near A. M. or P. M.

(23) (Signature) W. R. Dyer
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Peyser

(Given name added from a supplemental report)

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

(27) Filed March 13, 1923 at Williamston 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH A FADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No 1 THE OTHER, No 2, etc., in question 2.

McCaughey of Columbia, Columbia, S. C.