

(1) PLACE OF BIRTH

County of Anderson

Township of "

or

Inc. Town of "

or

City of "

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

71197

Registration District No. 3 A

Registered No. 297

(For use of Local Registrar)

St.; Wayd

(2) Full Name of Child Marvin N. Parsta If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug. 13</u> 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME Marvin Parsta

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 18 (Years)

(12) BIRTHPLACE Pa

(13) OCCUPATION mill opp.

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

MOTHER.

(14) NAME BEFORE MARRIAGE Dora Jones

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)

(18) BIRTHPLACE Pa

(19) OCCUPATION House Work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 8 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. B. Tammerson

(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report
..... 191.....
.....
Registrar

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

(27) Filed 191..... (28) J. B. Tammerson 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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RECEIVED BY THE REGISTRAR... THIS IS A PRELIMINARY REPORT... THE OTHERS... IN QUESTIONS...