

## (1) PLACE OF BIRTH

County of AndersonTownship 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. Parton If child is not yet named, make supplemental report as directed

(3) BOY OR

GIRL

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Y

(7) DATE OF BIRTH

Aug. 13 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Marvin Parton

(9) PRESENT POSTOFFICE OF FATHER

Anderson

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

GA

(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

(Years)

(18) BIRTHPLACE

SC

(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 8:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. B. Tammes

(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)

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.

Local Registrar

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