

(1) PLACE OF BIRTH

County of Anderson
 Township of Martin
 or
 Inc. Town of _____
 or
 City of _____

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

File No. — For State Registrar Only

9904

Registration District No. 307 Registered No. 100000
 (For use of Local Registrar)

(No. _____ St. _____ Ward)
 (If child is not yet named, 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

Grace Parnell

☐ Boy or Girl ☐ Twin or Triplet?
 GIRL To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 27, 1922
 (Name of Month) (Day) (Year)

MOTHER.

FATHER.
 (8) FULL NAME Walter Parnell

(9) PRESENT POSTOFFICE OF FATHER Anderson S.C. R.F. 8

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE Anderson Co

(13) OCCUPATION Farmer

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

(14) NAME BEFORE MARRIAGE Essie Hawkins

(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C. R.F. 8

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29 (Year)

(18) BIRTHPLACE Anderson Co

(19) OCCUPATION House wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:25 A.M.
 (Born alive or stillborn) (Hour, M. or P.)
 on the date above stated.

(23) (Signature) J. C. McLeod M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 28 1922 (28) J. P. H. ... 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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