(1) PLACE OF BIRTH

County of Sumter

Township of Mayesville

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 19294

Registration District No. 4102 Registered No. 21

(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child Elizah Parrott

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

(3) Sex Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Mar 22 19 23 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Parrott

(9) PRESENT POSTOFFICE OF FATHER Mayesville SC

(10) COLOR OR RACE Col

(11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Parrott

(15) PRESENT POSTOFFICE OF MOTHER Mayesville SC

(16) COLOR OR RACE Col

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(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 born alive at 4 A. M. on the date above stated.

(23) (Signature) Mary Jane DeRant

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Mayesville

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 22 is signed by a midwife.)

(27) Filed Mar 31 19 23 (28) C. H. Cooper

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.