

(1) PLACE OF BIRTH

County of Pickens.....Township of
orInc. Town of
orCity of Easley
(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

Form No. 10a - For Use of Local Registrars

20753

Registration District No. 37A..... Registered No. 193.....

(For use of Local Registrar)

St. Ward)

(No. If child is not yet named, make supplemental report as directed.)

(2) Full Name of Child Leopardus A. S. Parsons(3) BOY OR
GIRL(4) Twin
or Triplet(5) Number in
order of birth
In case of multiple birth, give name of Twin or Triplet

PATER.

(6) FULL
NAME(7) PRESENT
POSTOFFICE
OF FATHER(8) COLOR
OR
RACE

(9) BIRTHPLACE

(10) OCCUPATION

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(12) I hereby certify that I attended the birth of this child, who was alive..... on the date above stated.

(13) (Signature)

(14) State whether Physician or Midwife

(15) Address of Physician or Midwife

BaileyGiven name added from a subsequent
and report(16) WITNESS (Signature of Witness necessary only
when question 15 is signed by male)(17) Date ... Oct. 29, 1923 (18) K. F. Kyatt, Local RegistrarWhen this certificate is filed with the Bureau, the physician, hospital, etc., should make this return
if a child born over one year old is reported as stillborn. No report is desired of stillborn
babies less than twelve months of pregnancy.