

(1) PLACE OF BIRTH

County of WindsorTownship of Laurel

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

22864

Registration District No. 4305 Registered No. 54
(For use of Local Registrar)(2) Full Name of Child William Parsons (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 28, 1923
(Month of Birth) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>William Parsons</u>	(14) NAME BEFORE MARRIAGE <u>Queenie McClary</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Laurel, S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Laurel, S.C.</u>
(12) COLOR OR RACE <u>negro</u>	(18) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(14) COLOR OR RACE <u>negro</u>	(16) AGE AT LAST BIRTHDAY <u>28</u> (Years)
(12) BIRTHPLACE <u>Windsor Co., S.C.</u>	(18) BIRTHPLACE <u>Windsor Co., S.C.</u>	(12) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>farm laborer</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive, at Laurel, S.C., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caloline Jones
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Laurel, S.C.

Given name added from a supplemental report

(26) Witness Father (Signature of Witness necessary only when question 22 is signed by mark)(27) Filed Aug 4, 1923 (28) AK Mosley 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.