

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

14477

County of Lynch  
Municipality of Laurens  
or  
Town of .....

Registration District No. 7509 Registered No. 75  
(For use of Local Registrar)

City of ..... (No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child

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

SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>✓</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>✓</u>	(6) Age of child <u>yes</u>	(7) DATE OF BIRTH <u>Mar 25 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
FULL NAME <u>John Quincy Parker</u>			(14) NAME BEFORE MARRIAGE <u>Mary Lee</u>	
PRESENT POSTOFFICE OF FATHER <u>Laurens, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Laurens, S.C.</u>	
(12) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(13) BIRTHPLACE <u>Lynch County, S.C.</u>			(18) BIRTHPLACE <u>Lynch County, S.C.</u>	
(19) OCCUPATION <u>Farming</u>			(20) OCCUPATION <u>Housewife</u>	
(21) Number of children born to mother, including present birth <u>2</u>			(22) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 1:45 PM on the date above stated.  
(Born alive or Stillborn) (Hour A. M. or P. M.)

(24) (Signature)  
(25) State whether Physician or Midwife  
(26) Address of Physician or Midwife

Give name added from a supplemental report

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

(28) Filed Mar 30 1923 (29) 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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