

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthFILE - FIVE EIGHT  
28263Name of F. Lawrence  
Residence of .....  
Town of .....  
City of Flora  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)Registration District No. 20-A Registered No. 306  
(For use of Local Registrar)  
(No. 2178 of Jarrell St. Ward)

## 2) Full Name of Child

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

BOY OR GIRL <u>boy</u>	(4) Type or Triplet <u>X</u> To be reported only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Age Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>9/24/19</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
FULL NAME <u>Henry E. Parnell</u>			(14) NAME BEFORE MARRIAGE <u>Cora Young</u>	
PRESENT POSTOFFICE OF FATHER <u>Flora S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Flora S.C.</u>	
(8) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
BIRTHPLACE <u>Lamar, S.C.</u>			(18) BIRTHPLACE <u>Simmons, S.C.</u>	
OCCUPATION <u>Car Inspector</u>			(19) OCCUPATION <u>Housewife</u>	
(9) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

23) I hereby certify that I attended the birth of this child, who was alive at 9:45 P.M. on the date above stated.  
(Born alive or stillborn) (Hour, M. or P. M.)(25) (Signature) M. M. Hicks  
(26) State whether Physician or Midwife  
(27) Address of Phys. or Midwife  
Flora

Given name added from a supplemental report

(28) Witness  
(Signature of Witness necessary only when question 23 is signed by mark.)(29) Filed 9-29-19 (30) P. H. Buchanan Local RegistrarWhen 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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