

WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
 FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC., IN QUESTION 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of UpsonTownship of Tab

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.)

(2) Full Name of Child

Ray Parry

File No.—For State Registrar Only

28503Registration District No. Registered No.
 (For use of Local Registrar)

(St.; Ward)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 30, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Prister Parry

(9) PRESENT POSTOFFICE OF FATHER

K m

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY.....39.....
 (Years)

(12) BIRTHPLACE

Prister

(13) OCCUPATION

Farmer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Cora Coleman

(15) PRESENT POSTOFFICE OF MOTHER

K m

(16) COLOR OR RACE

Negro(17) AGE AT LAST BIRTHDAY.....43.....
 (Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 8:30 A.M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. A. Parry

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mid wifeK m

Given name added from a supplemental report

(26) Witness

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

19
 Registrar(27) Filed July 1, 1922 (28) J. T. Parry
 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.