

PLACE OF BIRTH

County of Sumter

Township of

City of Sumter

(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

Registration District No. A.1.2

12153

Registered No. 6.6
(For use of Local Registrar)

(No. 2. H. H. Warren St. 2 Ward)

(1) Full Name of Child

2 SEX OR CHILD Girl 3 Twin or Triplet No 4 Number in order of birth 7 5 Age of Mother 24 6 DATE OF BIRTH Oct 12 1923
(Month of Month) (Day) (Year)

FATHER.
7 FULL NAME Perry M. Parrott
8 PRESENT POSTOFFICE OF FATHER Sumter S.C.
9 COLOR OR RACE White 10 AGE AT LAST BIRTHDAY 42
(Year) 11 BIRTHPLACE Providence S.C.
12 OCCUPATION Merchant
13 Number of children born to mother, including present birth 7

MOTHER.
14 NAME BEFORE MARRIAGE Malvina M. H. Kew
15 PRESENT POSTOFFICE OF MOTHER Sumter S.C.
16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 34
(Year) 18 BIRTHPLACE Marion S.C.
19 OCCUPATION Freelance
20 Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Born alive at 10:45 A.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(22) (Signature) J. M. D.

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Sumter S.C.

Give name added from a supplemental report

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

(26) Filed May 10 1923 (27) D. O. Browning 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.

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.