

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

5789

## (1) PLACE OF BIRTH

County of *Anderson*Township of *Williamston*

OF

Inc. Town of *Rezerac*

OF

City of

Registration District No. *38*Registered No. *31*  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

## (2) Full Name of Child

(3) BOY OR GIRL? *Male*(4) Twin or Triplet? *yes*  
To be answered only in case of Twins or Triplets(5) Number in order of birth *4*(6) Are Parents Married? *yes*(7) DATE OF BIRTH *March 23*  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME *W. A. Park*(9) PRESENT POSTOFFICE OF FATHER *Peter*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *26*  
(Years)(12) BIRTHPLACE *Greenville County*(13) OCCUPATION *Mill work*(20) Number of children born to mother, including present birth *4*

## MOTHER

(14) NAME BEFORE MARRIAGE *Linnie Dyer*(15) PRESENT POSTOFFICE OF MOTHER *Peter*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *26*  
(Years)(18) BIRTHPLACE *Ga.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *2 3/4* p.m.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) *W. R. Dancy*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Peter 87*

(Given name added from a supplemental report)

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) File No. *March 23, 1923*(28) Local Registrar. *W. R. Dancy*

\*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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY. WITH LEADING IN—THIS IS A PERMANENT RECORD. N. B.—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.