

(1) PLACE OF BIRTH

County of York
Township of York
or
Inc. Town of York
or
City of York

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
BUREAU OF VITAL STATISTICS
State Board of Health

No. for State Registrar Only

22623

Registration District No. 4-1-1 Registered No. 61
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
(No. 61 St. 1 Ward)

(2) Full Name of Child William Hugh Parkman
(If child is not yet named, make supplemental report as directed)

(3) SEX OR SEXES <u>Male</u>	(4) Twin or Triplet <u>No</u> To be covered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Age <u>1</u> years <u>0</u> months <u>0</u> days	(7) DATE OF BIRTH <u>Aug 8</u> <u>1923</u>
(8) FATHER'S FULL NAME <u>J. C. Parkman</u>			(9) MOTHER'S FULL NAME <u>Ellen H. C. Parkman</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Durham</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Durham</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>23</u> Years	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>21</u> Years	(16) BIRTHPLACE <u>I.R.</u>
(17) OCCUPATION <u>Teacher</u>	(18) OCCUPATION <u>Teacher</u>			
(19) Number of children born to mother, including present birth <u>2</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn (M. or P. M.)
on the date above stated.

(21) (Signature) Dr. J. C. White
(22) State whether Physician or Midwife (23) Address of Physician or Midwife York, S.C.

Given name added from a supplemental report

W. B. Woodman
6/5/14

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

(25) Filed Aug 8 1923 (26) Dr. J. C. White 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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