

(1) PLACE OF BIRTH

County of SpartanburgTownship of Cross Creek

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

16739

Registration District No. 4023 Registered No. 48
(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.)

(2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH May 16, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Jacob Parks(9) PRESENT POSTOFFICE OF FATHER Emore, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Davidson Co., N.C.(13) OCCUPATION Electrician(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Annie B. Cates(15) PRESENT POSTOFFICE OF MOTHER Emore, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Davidson Co.(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 11 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. D. Hanna (24) State whether Physician or Midwife (25) Address of Physician or Midwife Emore, S.C.

Given name added from a supplemental report

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

(27) Filed May 16, 1922 (28) C. D. Hanna 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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