

(1) PLACE OF BIRTH

County of *York*Township of *St. Mill*or  
Twp. of *St. Mill*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 *Mary Dickson Parkes*BOY OR GIRL *girl*

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME *Arthur L. Parkes*(9) PRESENT POSTOFFICE OF FATHER *St. Mill S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Book Keeper*(14) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bessie Faulkner*(15) PRESENT POSTOFFICE OF MOTHER *S.C.*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *38* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Housewife*(20) Number of children of this mother now living, including present birth *6*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *3:10 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. B. Elliott M.D.*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *St. Mill S.C.*

Given name added from a supplemental report

(26) Witness *A. L. Parkes* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *10-9-1916* (28) *A. L. Parkes* 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.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4406*Registered No. *79* (For use of Local Registrar)(No. *79* St. *79* Ward)

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

(7) DATE OF BIRTH *Aug - 15 - 1916* (Name of Month) (Day) (Year)(6) Are Parents Married *yes*

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File No.—For State Registrar Only

79811