

Form No. 1

## (1) PLACE OF BIRTH

County of SummersburgTownship of Andrews

or

Inc. Town of .....

City of .....

(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

File No.—For State Registrar Only

32591

Registration District No. ....

Registrar No. ....

(For use of Local Registrar)

(2) Full Name of Child Burtha Mae Parsons If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth	6) Are Parents Married? <u>No</u>	7) DATE OF BIRTH <u>Sept 5 1922</u> (Name, Month) (Day) (Year)
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## FATHER.

8) FULL NAME M. H. Parsons9) PRESENT POSTOFFICE OF FATHER Andrews, S.C.10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 40  
(Year)12) BIRTHPLACE S.C.13) OCCUPATION Farmer20) Number of children born to mother, including present birth 1

## MOTHER.

14) NAME BEFORE MARRIAGE Mable McCants15) PRESENT POSTOFFICE OF MOTHER Andrews, S.C.16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 39  
(Year)18) BIRTHPLACE S.C.19) OCCUPATION S.C.21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. B. Howell(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Andrews, 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 Sept 10 1922 (28) G. H. Barclay 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.