

Form No. 1

## (1) PLACE OF BIRTH

County of Berkeley  
 Township of St. John's  
 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

2993

Registration District No. 202Registered No. 10  
(For use of Local Registrar)

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

(2) Full Name of Child Regenia Parsley

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

(3) SEX OF CHILD Female (4) Type or Triplet No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 14, 1928  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rubin Parsley(9) PRESENT RESIDENCE OF FATHER Moncks Cot, S.C.(10) COLOR OR RACE He gro (11) AGE AT LAST BIRTHDAY 43 (Year)(12) BIRTHPLACE Berkeley Co(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Regenia Lanning(15) PRESENT RESIDENCE OF MOTHER Moncks Cot S.C.(16) COLOR OR RACE He gro (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Berkeley Co(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was He gro at 7:30 PM. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. J. White

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Moncks Cot

Given name added from a supplemental report

(25) Witness

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

(26) Signed 2/14

1928

(27)

(28)

J. J. Cannon

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.