

(1) PLACE OF BIRTH

County of AndersonTownship of BroadwayCity of Anderson

(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

58465

Registration District No. 301Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child Ruben Martin Parnell

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH March 22, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Benjamin Franklin Parnell(9) PRESENT POSTOFFICE OF FATHER Anderson, S.C. R.F.D.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Anderson, Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Hawkins(15) PRESENT POSTOFFICE OF MOTHER Anderson R.F.D.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Anderson Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:15 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Olga V. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Anderson 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 June 16, 1916 (28) M. B. Campbell 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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