

## (1) PLACE OF BIRTH

County of Union  
 Township of Baganville  
 or Buffalo  
 Inc. Town of Buffalo  
 or  
 City of

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

12267

Registration District No. 4203 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 Leann Parkman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH April 25, 1923  
 (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Russell Parkman  
 (9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
 (Years)  
 (12) BIRTHPLACE Union S.C.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth Seven

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Thompson  
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (18) BIRTHPLACE Union S.C.  
 (19) OCCUPATION Domestic  
 (20) Number of children of this mother now living, including present birth Six

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12:30 a.m.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sallie Garrett(24) State whether Physician or Midwife (25) Address of Physician or Midwife Buffalo 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 10, 1923

(28)

J. A. Woodard

Local Registrar.

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 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.