

(1) PLACE OF BIRTH

County of Darlington
 Township of ff
 or
 Inc. Town of ff
 or
 City of ff

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41967

Registration District No. 1501 Registered No. 109
 (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 Elma Parson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 6 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wally Parson
 (9) PRESENT POSTOFFICE OF FATHER Darlington R
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 30
 (Year) (12) BIRTHPLACE Darlington Co
 (13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Reid
 (15) PRESENT POSTOFFICE OF MOTHER Darlington R
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION at home

(20) Number of children born to mother, including present birth 1 (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 3 P.M. on the date above stated.
 (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Elma Parson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Darlington

Given name added from a supplemental report

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

(27) Date Jan 6 1923 (28) Local Registrar E. E. Easley

*When there was no attending physician or midwife, 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.