

(1) PLACE OF BIRTH **Certified**
 County of **Spaulding**
 Township of **Cherokee**
 or
 Inc. Town of Registration District No. **400219** Registered No. **236**
 or
 City of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (For use of Local Registrar)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
87469

(2) Full Name of Child **Judson Parris** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? — <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth 1	(6) Are Parents Married? Yes	(7) DATE OF BIRTH 10-28-1916 <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME J. Wiles Parris			(14) NAME BEFORE MARRIAGE Ida M. Glenn	
(9) PRESENT POSTOFFICE OF FATHER Cherokee # 2			(15) PRESENT POSTOFFICE OF MOTHER Cherokee # 2	
(10) COLOR OR RACE white	(11) AGE AT LAST BIRTHDAY 46 <small>(Years)</small>	(16) COLOR OR RACE white	(17) AGE AT LAST BIRTHDAY 37 <small>(Years)</small>	
(12) BIRTHPLACE Spaulding Co			(18) BIRTHPLACE Spaulding Co	
(13) OCCUPATION Farmer			(19) OCCUPATION Domestic	
(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** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **[Signature]**

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

Physician Spaulding Co

Given name added from a supplemental report

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

(27) Filed **10-28-1916** (28) **[Signature]** 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.