

Form No. 1

## (1) PLACE OF BIRTH

County of DarlingtonTownship of Edisto

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1506

File No.—For State Registrar Only

28000

Registered No. 601

(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 Julia Parley

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twin or Triplet	<u>3</u>	<u>Yes</u>	<u>Apr. 4, 1923</u> (Name of Month) (Day) (Year)

FATHER			MOTHER		
(8) FULL NAME	<u>Eli Parley</u>	(14) NAME BEFORE MARRIAGE	<u>Lucy Lee</u>		
(9) PRESENT POSTOFFICE OF FATHER	<u>Darlington</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Darlington</u>		
(10) COLOR OR RACE	<u>White</u>	(16) COLOR OR RACE	<u>White</u>	(11) AGE AT LAST BIRTHDAY	<u>23</u>
(12) BIRTHPLACE	<u>Darlington Co.</u>	(17) AGE AT LAST BIRTHDAY	<u>20</u>	(18) BIRTHPLACE	<u>Darlington Co.</u>
(13) OCCUPATION	<u>Farmer</u>	(19) OCCUPATION	<u>Housewife</u>		
(20) Number of children born to mother, including present birth	<u>2</u>	(21) Number of children of this mother now living, including present birth	<u>2</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. M. Jones

(24) State whether Physician or Midwife

(25) Location 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)

19... Registrar

(27) Filed Sept. 23, 1923(28) J. M. Jones 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.

REMARKS: In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

Revised by Columbia, Columbia, S. C.