

## PLACE OF BIRTH

County of UnionMunicipality of Unionor  
The Town of .....

City of .....

(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

No. for State Registrar Only

10488

Registration District No. 4727 Registered No. 58

(For use of Local Registrar)

(No. R.F.D. 1 Union); ..... Ward)(1) Full Name of Child Virginia M. Parks

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

(2) SEX OF CHILD <u>girl</u>	(3) Type or Fringe To be reported only in case of Type or Fringe	(4) Number by Year of Birth	(5) Are Eyes Marked <u>yes</u>	(6) DATE OF BIRTH <u>June 15, 1923</u> (Name of Month) (Day) (Year)
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**FATHER**

(8) FULL NAME Joe Parks

(9) PRESENT RESIDENCE OF FATHER Union S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30  
(Year)

(12) BIRTHPLACE Gaffney S.C.

(13) OCCUPATION Cotton Mill Work

(14) Number of children born to mother, including present birth 9

**MOTHER**

(15) NAME BEFORE MARRIAGE Carrie Lawson

(16) PRESENT RESIDENCE OF MOTHER Union S.C.

(17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 31  
(Year)

(19) BIRTHPLACE Union S.C.

(20) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 8

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:30 A.M., on the date above stated. (Hour P. M. or P. M.)(23) (Signature) D. P. Jackson (24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Union 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 7 10 1923 (28) J. G. Jarrott 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.