

FORM NO. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

65142

County of Lee

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Cypress

Registration District No. 3001 Registered No. (For use of Local Registrar)

City of (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 Lonza Gray Parnell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11 1916

FATHER. (8) FULL NAME Lonza Parnell (9) PRESENT POSTOFFICE OF FATHER Lamar (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (12) BIRTHPLACE Darlington (13) OCCUPATION Farming (14) Number of children born to mother, including present birth 3

MOTHER. (14) NAME BEFORE MARRIAGE Josie Andrews (15) PRESENT POSTOFFICE OF MOTHER Lamar (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29 (18) BIRTHPLACE Darlington (19) OCCUPATION Housekeeper (20) Number of children of this mother new living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 11:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Bellard Parnell (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 191 Registrar

(26) Witness R. Parnell (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed June 15 1916 (28) W. J. DePose 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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.