

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

16265

County of York

Township of Butler

City of York

Registration District No. 4400

Registered No. 25

Ward of St. James

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child

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

BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 16 1923</u> (Name of Month) (Day) (Year)
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FATHER.

FULL NAME Arthur Parkland

PRESENT POSTOFFICE OF FATHER Claver S.C. R.R. #2

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)

BIRTHPLACE K.S.

OCCUPATION Farmer

Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eddie Ferguson

(15) PRESENT POSTOFFICE OF MOTHER Claver S.C. R.R. #2

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2 31 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) John K. Butler

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Claver S.C. R.R. #2

For name added from a supplemental report

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Registrar

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

(27) June 9 1923 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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