

(1) PLACE OF BIRTH

County of Greene
 Township of Lake
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. For State Registrar Only

22157

Registration District No. 2009 Registered No. 53
 (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 Lairie Beatrice Parratt (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 9th (6) Are Parents Married? Yes (7) DATE OF BIRTH July 11 19 20
 (Name of Month) (Day) (Year)

FATHER FULL NAME J. J. Parratt MOTHER Margie W. W. W.

(9) PRESENT POSTOFFICE OF FATHER Scranton, Pa. (15) PRESENT POSTOFFICE OF MOTHER Scranton, Pa.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37
 (Years) (Years)

(12) BIRTHPLACE Scranton, Pa. (18) BIRTHPLACE Scranton, Pa.

(13) OCCUPATION Farmer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 9th (21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. J. Lynch, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Scranton, Pa.

Given name added from a supplemental report

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

(27) Filed 7/11 19 20 (28) R. L. Carter 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.

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