

(1) PLACE OF BIRTH

County of Newberry

Township of

or

Inc. Town of

City of Newberry

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

21927

Registration District No. 34 Registered No. 1026
(For use of Local Registrar)

(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 Callie Boyd Parr If child is not yet named, make supplemental report as directed

3 SEX OR ONLY Boy (4) Type or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 28, 1923
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Callie Boyd Parr

9 PRESENT POSTOFFICE OF FATHER Newberry, S.C.

10 COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20 (Year)

12 BIRTHPLACE Newberry, S.C.

13 OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Mary A. Vance

(15) PRESENT POSTOFFICE OF MOTHER Newberry S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 7:35 M., on the date above stated. (If born alive or stillborn) (Hour) (M. or P. M.)

(22) (Signature) W. E. Hensel (23) Address of Physician or Midwife Newberry S.C.

(24) State whether Physician or Midwife Physician

Give name added from a supplemental report

P. Darby 19 23
Registrar

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

(26) Filed Aug 4, 1923 (27) S. Cunningham 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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