

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No. - For State Registrar Only

28485

Registered No. 116
(For use of Local Registrar)

(2) Full Name of Child

Zelke B. Parks

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

(3) BOY OR GIRL

✓

(4) Twin or Triplet?

To be covered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

✓

(7) DATE OF BIRTH

Sept 10 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Vernon E. Parks

(9) PRESENT POSTOFFICE OF FATHER

Highlandville

(10) COLOR OR RACE

W.

(11) AGE AT LAST BIRTHDAY

21
(Year)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Laura E. Lyons

(15) PRESENT POSTOFFICE OF MOTHER

Highlandville

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

32
(Year)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(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, Laura E. Lyons at 8:20 A.M. on the date above stated. (Hour A.M. or P.M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(25) Given name added from a supplementary report

(26) Witness

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

(27) Filed

Oct. 10 1923

(28) Local Registrar

J. P. Richardson

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.

N. B. - In case of TWINS OR TRIPLETS use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 3.

Bureau of Vital Statistics, Columbia, S. C.