

Form No. 1

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Laurinville

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

5618

Registration District No. ....

Registered No. ....

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child L. P. Parry

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH Jan 26 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Allen Parry(9) PRESENT POSTOFFICE OF FATHER Laurinville(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Maria Hunter(15) PRESENT POSTOFFICE OF MOTHER Laurinville SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. H. Hunter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 26 1923(28) W. H. Hunter

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.

RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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

Bureau of Columbia, Columbia, S. C.