

Form No. 1.

(1) PLACE OF BIRTH

County of York

Township of York

or
Inc. Town of

or
City of

(No. of birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Neil Parkum

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

54208

Registration District No. 4407

Registered No. 32

(For use of Local Registrar)

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth 3rd

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Mar 26 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl Parkum

(9) PRESENT POSTOFFICE OF FATHER Clower SC

(10) COLOR OR RACE white

(11) AGE AT LAST BIRTHDAY 23
(Years)

(12) BIRTHPLACE Isleton Co. N.C.

(13) OCCUPATION Fanner

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Jones

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

(16) COLOR OR RACE white

(17) AGE AT LAST BIRTHDAY 27
(Years)

(18) BIRTHPLACE Har H Co

(19) OCCUPATION Housekeeper

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. J. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Clower SC

Given 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) File No. 26 1916

(28)

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.

MARGIN RESERVED FOR INDEXING. 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 5. McCaw, of Columbia.