

Form No 1.

(1) PLACE OF BIRTH

County of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

47732

Township of Broad River

or

Inc. Town of

or

City of

Registration District No. 4402Registered No. 7

(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 Joseph Wood Parsley

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

(6) Are Parents Married X(7) DATE OF BIRTH June 25

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Parsley(14) NAME BEFORE MARRIAGE Edna Poline(9) PRESENT POSTOFFICE OF FATHER Hickory Grove SC(15) PRESENT POSTOFFICE OF MOTHER Hickory Grove SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 30

(Years)

(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 21

(Years)

(12) BIRTHPLACE York Co(18) BIRTHPLACE York Co(13) OCCUPATION Farmer(19) OCCUPATION House work(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 born at York Co M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. P.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Hickory Grove SC

Given name added from a supplemental report

June 9, 1916W. H. P. Registrar

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

(27) Filed June 9, 1916(28) W. H. P. 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 BINDING.

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

N. B.—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.