

## (1) PLACE OF BIRTH

County of SpokaneTownship of Beech Springsor  
Inc. Town ofor  
City of(No. .... St.; .... Ward)  
(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  
**57553**Registration District No. 40-C Registered No. 47

(For use of Local Registrar)

(2) Full Name of Child Leona Pearl Parham If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>April 6, 1916</u> (Name of Month) (Day) (Year)
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## FATHER:

(8) FULL NAME <u>Regan Parham</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Immanuel</u>	
(10) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>N. C.</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>4</u>	

## MOTHER:

(14) NAME BEFORE MARRIAGE <u>Mandie Jones</u>	(17) AGE AT LAST BIRTHDAY <u>37</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Immanuel S.C.</u>	
(16) COLOR OR RACE <u>White</u>	
(18) BIRTHPLACE <u>NC</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>4</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 12:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo E Thompson M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immanuel

Given name added from a supplemental report

Nov 3, 1916  
Immanuel  
Super Registrar

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

(27) Filed April 6, 1916 (28) E. A. Rogers 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.  
 Canv. of Columbia.