

Form No. 3

## (1) PLACE OF BIRTH

County of Union  
 Township of Bagmarie  
 or  
 Inc. Town of Buffalo  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
**19388**

Registration District No. 4203 Registered No. 68  
 (For use of Local Registrar)

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

(2) Full Name of Child Leanna Parr If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 10 1928  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert Parr  
 (9) PRESENT POSTOFFICE OF FATHER Buffalo S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE Union C.O. S.C.  
 (13) OCCUPATION Farmer

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Francis Stinson  
 (15) PRESENT POSTOFFICE OF MOTHER Buffalo S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Year)  
 (18) BIRTHPLACE Union C.O. S.C.  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth Four

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Midwife Alice Carter (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Buffalo S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1928 (28) J. H. Woodward Local Registrar

When there was no attending physician or midwife, (on 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.)