

## (1) PLACE OF BIRTH

County of FlourenceTownship of James S. Bonds

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 12.—For State Registrar Only

28298

Registration District No. 2006 Registered No. 20  
(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 Parkie Samuel (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>g</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Sex <u>yes</u>	(7) DATE OF BIRTH <u>Sept 6, 1923</u> (Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Pers Samuel

(9) PRESENT POSTOFFICE OF FATHER Timmonsville S.C.

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 50 (Year)

(12) BIRTHPLACE Flourence Co.

(13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Rena Pigat

(15) PRESENT POSTOFFICE OF MOTHER Timmonsville

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 26 (Year)

(18) BIRTHPLACE Flourence Co.

(19) OCCUPATION Domestic

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

(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 White at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) Rena

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Timmonsville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Mrs. J. H. Humphrey

(27) Filed Sept. 12, 1923 (28) Mrs. J. H. Humphrey 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 stillborns before the fifth month of pregnancy.