

(1) PLACE OF BIRTH  
County of *E. Duffield*  
Township of *Talbot*  
or  
Inc. Town of.....  
or  
City of .....

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

**30046**

Registration District No. 1815 Registered No. 21  
(For use of Local Registrar)

City of ..... (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 L. J. Parks 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? *yes*

(7) DATE OF BIRTH *Sept 25 22*  
(Name of Month) (Day) (Year)

(9) FULL NAME *Elmer Parks.*

(9) PRESENT POSTOFFICE OF FATHER *McConnick Bk. 7.9 3*

(10) COLOR OR RACE *colored* (11) AGE AT LAST BIRTHDAY *28*  
(Years)

(12) BIRTHPLACE *Edgemoor Co*

(13) OCCUPATION *Saw mill work*

(20) Number of children born to mother, including present birth *1 1/2*

(14) NAME BEFORE MARRIAGE *Pinckie Brunson*

(15) PRESENT POSTOFFICE OF MOTHER *M<sup>c</sup>Connick, A. T. D.*

(16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *24*  
(Years)

(18) BIRTHPLACE *Campbell Co*

(19) OCCUPATION *general work*

(21) Number of children of this mother now living, including present birth *4*

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

(23) (Signature) Edna Nettles  
(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *Sept 19 1942* (28) *John D. ...*  
Look Register

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.