CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
70468

(1) PLACE OF BIRTH

County of Spartanburg

Township of Reidville

or

Inc. Town of ..... Registration District No. 4007 Registered No. 87 (For use of Local Reistrar)

or

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** Georgia Parks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl			Yes	June 18, 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets.

FATHER.	MOTHER.
(8) FULL NAME Luther Parks	(14) NAME BEFORE MARRIAGE Alice Parks Worth
(9) PRESENT POSTOFFICE OF FATHER Reidville SC	(15) PRESENT POSTOFFICE OF MOTHER Reidville SC
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 28 (Years)	(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE S.C.	(18) BIRTHPLACE S.C.
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth { 6	(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 30 P. M., (Both alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. O. Willson

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Spartanburg SC

Affid.

Given name added from a supplemental report

10/21/44, 191...

L. A. Riser M.D.
Registrar

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

(27) Filed Aug 9 1916. (28) J. J. Willson 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.

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FORM NO. 5. 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.