

(1) TRACE OF BIRTH

County of Spartanburg
 Township of Woodruff

or
 In Town of
 or

City of

(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

5301

Registration District No. 4009 Registered No. 19
 (For use of Local Registrar)

(2) Full Name of Child Mary Theresa Parker If child is not yet named, make supplemental report as directed

(3) SEX Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 19 23
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Sumpter Peyton Parks

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

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
 (Years)

(12) BIRTHPLACE Spartanburg Co.

(13) OCCUPATION Farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Minnie B. Ketchum

(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23
 (Years)

(18) BIRTHPLACE Spartanburg Co.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 10 P M.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(22) (Signature) H. H. Horkman

(23) State whether Physician or Midwife Phys (24) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 22 is signed "mark")

(26) File No. 191 (27) Chas. J. Boyter 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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