

(1) PLACE OF BIRTH

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County of Cleodson

Township of Nalle

Inc. Town of _____

City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

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84269

Registration District No. 306 Registered No. 164

(For use of Local Registrar)

(2) Full Name of Child William Carl Parnell Jr

If child is not yet named, make supplemental report as directed

(3) SEX OR <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Nov 5th 6</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mrs Carl Parnell

(9) PRESENT POSTOFFICE OF FATHER Wra. S. C. R 75

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

(12) BIRTHPLACE Cleodson Co

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Spearman

(15) PRESENT POSTOFFICE OF MOTHER Wra S C R 75

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

(18) BIRTHPLACE Cleodson Co

(19) OCCUPATION Nurse

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 A M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Ernest Watson

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Cleodson Co

Given name added from a supplemental report

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

(27) Filed Dec 9 1916 (28) S. M. McAdams 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.

REGISTERED IN THE REGISTER'S OFFICE. THIS IS A PERMANENT RECORD. IN THE USE OF TWINS OR TRIPLETS USE A SUPPLEMENTARY BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.