

(1) PLACE OF BIRTH

County of Greenville

Township of Little

Inc. Town of

City of

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

File No.—For State Registrar Only

66291

Registration District No. 4007

Registered No. 72

(For use of State Registrar)

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

Annice Pool Parks

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

3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 2

(6) Are Parents Married? yes

(7) DATE BIRTH June 1

(Name of Month) (Day) (Year)

**FATHER.**

8) FULL NAME

Clyde Park

9) PRESENT POSTOFFICE OF FATHER

Ludger Road, S.C.

10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY 24

(Years)

12) BIRTHPLACE

Laurens Co. S.C.

13) OCCUPATION

Farmer

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

2

**MOTHER.**

15) NAME BEFORE MARRIAGE

Margie Austine

16) PRESENT POSTOFFICE OF MOTHER

Ludger Road, S.C.

17) COLOR OR RACE

Black

(18) AGE AT LAST BIRTHDAY 26

(Years)

19) BIRTHPLACE

Spaulding Co.

20) OCCUPATION

House Keeper

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

1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. B. Boyce, M.D.

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

The Little S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 5 1916

(28)

J. H. Bell Local Registrar

\*When there was no attending physician or midwife, then the father, householders, 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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