

## (1) PLACE OF BIRTH

County of ...

Township of ...

Inc. Town of ...

City of ...

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

(2) Full Name of Child *Metz Parrie*

File No.—For State Registrar Only

44631

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. *Nov 23*Registered No. *114*

(For use of Local Registrar)

St.; (Ward)

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 *10*(6) Are Parents Married *yes*(7) DATE OF BIRTH *Nov. 23*

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Clarence Parrie*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg S.C.*(10) COLOR OR RACE *white*(11) AGE AT LAST BIRTHDAY *43*(12) BIRTHPLACE *Spartanburg Co*(13) OCCUPATION *farmer*(20) Number of children born to mother, including present birth *10*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Eney Horton*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg #2*(16) COLOR OR RACE *white*(17) AGE AT LAST BIRTHDAY *28*(18) BIRTHPLACE *Spartanburg Co*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *9*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *alive* at *5 a* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. L. ...*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Spartanburg #2*

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed *Jan 16* 1916

(28)

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.

Registrar

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.

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 2.

N. B.—View of Columbia

WMH

M.C.W.