

Form No. 3

(1) PLACE OF BIRTH

County of

Greenville

Township of

Highland

or

Inc. 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

42760

Registration District No. *2211*Registered No. *83*

(For use of Local Registrar)

(2) Full Name of Child

Ruth Elizabeth Parrett

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 *Sept 22 1923*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Reo C E Parrett -

(9) PRESENT POSTOFFICE OF FATHER

Traders Rest S.C.

(10) COLOR OR RACE

white - American -

(11) AGE AT LAST BIRTHDAY

40
(Years)

(12) BIRTHPLACE

Ced wree Co n.c.

(13) OCCUPATION

Preacher -

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Miss Carrie Victoria Beck

(15) PRESENT POSTOFFICE OF MOTHER

Traders Rest S.C.

(16) COLOR OR RACE

white - American -

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

Union Co n.c.

(19) OCCUPATION

Domestic -

(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

Born alive at *5:30 a.m.*
(Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

H. B. Beckman

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Greer, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jun 9, 1923

(28)

S. J. Wilson
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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