

## (1) PLACE OF BIRTH

County of FlamuchTownship of Mott

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

42439

Registration District No. 2012 Registered No. 118

(For use of Local Registrar)

(2) Full Name of Child Bessie Louise Park (If child is not yet named, make supplemental report as directed)

(5) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Jan. 19, 1911  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George E. Park

(9) PRESENT POSTOFFICE OF FATHER

Courville R.C. R# 7

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

Flamuch Co.

(13) OCCUPATION

Farm.

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

17

## MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Mae Kelly

(15) PRESENT POSTOFFICE OF MOTHER

Courville R.C. R# 7

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

49  
(Years)

(18) BIRTHPLACE

Flamuch Co.

(19) OCCUPATION

Domestic

(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 born alive or stillborn on the date above stated. (Hour, M. or P. M.) 9:30 A.M.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1/24

19

23

(28)

C. S. Hedley  
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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