

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff

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

File No. — For State Registrar Only

79371

or Loc. Town of Registration District No. 4009 Registered No. 130
(For use of Local Registrar)
or (No. St. Ward)
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 Horea Park } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 14, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Baldie Parks
(9) PRESENT POSTOFFICE OF FATHER Woodruff R.F.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 25
(Years)
(12) BIRTHPLACE Laurens Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Laura Dandy
(15) PRESENT POSTOFFICE OF MOTHER Woodruff R.F.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19
(Years)
(18) BIRTHPLACE Spartanburg Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive, at 3:00 a.m. on the date above stated. (Both alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ollie Dandy
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodruff S.C.

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 10/9 1916 (28) G. L. Boyter 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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