

(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  
Inc. Town of  
orRegistration District No. 4009 Registered No. 130  
(For use of Local Registrar)(City of ..... (No. .... 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 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

(Name of Month) (Day) (Year)  
Sept. 14 1916

## 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

## 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

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

3

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

3

## 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.  
(Born 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) C. L. B. B. B. 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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