

TWIN OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Anderson

Township of

or
Inc. Town of

or
City of Anderson

(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

40726

Registration District No. 3 D

Registered No. 463
(For use of Local Registrar)

(2) Full Name of Child

Isabelle P. Parso

If child is not yet named, make supplemental report as directed

(3) 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) ~~MAILED?~~

(7) DATE OF BIRTH Nov 27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Pargo

(9) PRESENT POSTOFFICE OF FATHER Anderson

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 30 (Year)

(12) BIRTHPLACE me

(13) OCCUPATION will be there

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Elvira Brady

(15) PRESENT POSTOFFICE OF MOTHER Anderson

(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE me

(19) OCCUPATION house wife

(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 at M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos Pargo

(24) State whether Physician or Midwife

(25) Address of Physic or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed (28) ANDERSON, S. C. 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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.