

Form No. 1

(1) PLACE OF BIRTH

County of FlorenceTownship of Lynch

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

42422

Registration District No. 2010 Registered No. 102

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child May Pernice Parrott

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

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH <u>Dec 25 22</u>
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME C. Nash Parrott(9) PRESENT POSTOFFICE OF FATHER Cowards SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie May Peter(15) PRESENT POSTOFFICE OF MOTHER Cowards SC(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(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 Born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie V. Lucas(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cowards SC

Given name added from a supplemental report

(26) Witness E. L. Mountgomery (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1922 (28) E. L. Mountgomery 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.