

(1) PLACE OF BIRTH

County of Sp. Lawrence
 Township of Cross Creek
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only

5246

Registration District No. 4008Registered No. 12
 (For use of Local Registrar)

City of (No. St. Ward)
 or
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

3 SEX OR ONLY <u>boy</u>	4 Twin or Triplet <input checked="" type="checkbox"/> To be answered only in event of Twin or Triplet	5 Number in order of birth <input checked="" type="checkbox"/>	6 Are Parents Married <u>Yes</u>	7 DATE OF BIRTH <u>Feb 25 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8 FULL NAME <u>John Horace Parkman</u>			14 NAME BEFORE MARRIAGE <u>Marion Faye Franklin</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Evans, S.C.</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Evans, S.C.</u>	
10 COLOR OR RACE <u>White</u>	11 AGE AT LAST BIRTHDAY <u>34</u> (Years)	12 COLOR OR RACE <u>White</u>	13 AGE AT LAST BIRTHDAY <u>32</u> (Years)	
16 BIRTHPLACE <u>Cross Creek, Sp. Lawrence Co., S.C.</u>			17 BIRTHPLACE <u>at home</u>	
18 OCCUPATION <u>Farmer & Clerk</u>			19 OCCUPATION <u>at home</u>	
20 Number of children born to mother, including present birth <u>one</u>			21 Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:39 PM.
 on the date above stated. (Born alive or stillborn) (Hour and P. M.)

(23) (Signature) M. B. Paxon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Cross Creek, S.C.Give name added from a supplement-
 al report

(26) Witness

(Signature of Witness necessary only
 when question 23 is signed by mark)(27) Filed March 1, 1923(28) C. D. Hanna

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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