

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

WR. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
M.Caw. of Columbia.

(1) PLACE OF BIRTH
County of McClintock
Township of Burke
or
Inc. Town of McClintock
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
62765

Registration District No. 101 Registered No. 28
(For use of Local Registrar)

(2) Full Name of Child Victor Parise } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Conroy Parise</u>	(14) NAME BEFORE MARRIAGE <u>Mattie E. Owen</u>	(15) PRESENT POSTOFFICE OF FATHER <u>McClintock S.C.</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>
(9) PRESENT POSTOFFICE OF FATHER <u>McClintock S.C.</u>	(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> <small>(Years)</small>	(12) BIRTHPLACE <u>Lexington N.C.</u>	(13) OCCUPATION <u>Seaman</u>
(18) BIRTHPLACE <u>Lexington N.C.</u>	(19) OCCUPATION <u>House wife</u>	(20) Number of children born to mother, including present birth <u>Five</u>	(21) Number of children of this mother now living, including present birth <u>4</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12 am on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. J. Beel, M.D.
(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife McClintock S.C.

Given name added from a supplemental report _____, 191_____
Registrar

(26) Witness _____
(Signature of Witness necessary only when question 23 is signed by male)
(27) Filled July 8 1916 (28) J. P. Dawson
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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