

2/12/24

Form No. 1

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 44.—For State Registrar Only  
**41395**

(1) PLACE OF BIRTH

County of Lee  
Township of Bishopville  
or  
Inc. Town of.....  
or  
City of.....

Registration District No. 8 or see Registered No. 60.....  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
City of..... St.; ..... Ward)

(2) Full Name of Child Lee Edward Parrott  
(If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL..... 4) Twin or Triplet..... 5) Number in order of birth..... 6) Sex.....  
To be answered only in case of Twin or Triplet

FATHER.  
8) FULL NAME Allen Parrott  
9) PRESENT POSTOFFICE OF FATHER Lucknow S.C.  
10) COLOR OR RACE Col 11) AGE AT LAST BIRTHDAY..... (Years)  
12) BIRTHPLACE Lee Co  
13) OCCUPATION Farmer  
20) Number of children born to mother, including present birth.....

MOTHER.  
14) NAME BEFORE MARRIAGE Emma Addison  
15) PRESENT POSTOFFICE OF MOTHER Lucknow S.C.  
16) COLOR OR RACE Col 17) AGE AT LAST BIRTHDAY..... (Years)  
18) BIRTHPLACE Lee Co  
19) OCCUPATION Domestic  
21) Number of children of this mother now living, including present birth.....

**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) Patsy Greaves (24) Address of Physician or Midwife Bishopville N.C.  
(25) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness..... (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Date Dec 12 1923 (28) Mrs. N. J. Laney

When there is a stillbirth, the mother, householder, etc., should make this return. If a child is born dead, it is to be reported as stillborn. No report is desired of stillbirths before the last month of pregnancy.

THIS FORM IS TO BE FILLED OUT BY THE PHYSICIAN, MIDWIFE, OR HOUSEHOLD, AND NOT BY THE MOTHER. IT IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE BOARD OF HEALTH, COLUMBIA, S. C.