

Form No. 1

(1) PLACE OF BIRTH

County of AlbionTownship of Lowville

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

5621

Registration District No.

Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child Rebecca

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) Are Parents Married Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) June 19 1923

FATHER.

(8) FULL NAME Rebecca C. Parnice(9) PRESENT POSTOFFICE OF FATHER Lowville SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 38

(Year)

(12) BIRTHPLACE SC(13) OCCUPATION Parnice(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Parnice(15) PRESENT POSTOFFICE OF MOTHER Lowville SC(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 24

(Year)

(18) BIRTHPLACE SC(19) OCCUPATION Carpenter(21) Number of children of this mother now living, including present birth 5

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) Anna Parnice

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed June 19 1923(28) Anna Parnice
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.

RECEIVED FOR BIDDING.

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

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.

MADE IN COLUMBIA, COLUMBIA, S. C.