

(1) PLACE OF BIRTH

County of Marlboro
 Township of Hebrur
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

11314

Registration District No. 3304 Registered No. 41.....
 (For use of Local Registrar)

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

(2) Full Name of Child Wesley Parnell If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Are Parents Married Yes (7) DATE OF BIRTH March 29, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wesley Parnell
 (9) PRESENT POSTOFFICE OF FATHER Ches SE
 (10) COLOR OR RACE dark (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE SE
 (13) OCCUPATION Farm
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ma M. Duffie
 (15) PRESENT POSTOFFICE OF MOTHER Ches SE
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 28 (Years)
 (18) BIRTHPLACE SE
 (19) OCCUPATION Farmer
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Midwife (24) State whether Physician or Midwife (25) Address of Physician or Midwife Hebrur

Given name added from a supplemental report

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

(27) Filed Apr 17 1923 (28) W. H. Duffie Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.