

PLACE OF BIRTH

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

16642

of .....

Relationship of .....

or .....

City of .....

or .....

City of .....

Registration District No. 40-a

Registered No. 232  
(For use of Local Registrar)

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

2) Full Name of Child — Mary Elizabeth Parks

BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth: 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH: May 14, 1922 (Name of Month) (Day) (Year)

FATHER: FULL NAME: Floyd Parks

PRESENT POSTOFFICE OF FATHER: Spartanburg S.C.

(8) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 26 (Years)

(12) BIRTHPLACE: McCamick S.C.

(13) OCCUPATION: Painter

(14) NAME BEFORE MARRIAGE: Alice Remken

(15) PRESENT POSTOFFICE OF MOTHER: Spartanburg S.C.

(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: McCamick S.C.

(19) OCCUPATION: Teaching

(20) Number of children of this mother now living, including present birth: 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

2) I hereby certify that I attended the birth of this child, who was born alive or stillborn (hour of day or P. M.) on the date above stated.

(23) (Signature) Anna Gertrude Conner

(24) State whether Physician or Midwife: Midwife (25) Address of Physician or Midwife: Spartanburg S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only if signature of physician or midwife is not signed by mark)

(27) Filed 6 19 22 (28) Local Registrar: Jas. Copes

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.