

(1) PLACE OF BIRTH

County of Sumter

Township of

Inc. Town of

City of Sumter

(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

20293

Registration District No. 410 Registered No. 104

(For use of Local Registrar)

City of Sumter No. 435 A Main St.; 2 Ward2) Full Name of Child Jennie Parker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parent Married?	(7) DATE OF BIRTH <u>June 28 22</u>
Take answer only in event of twins or triplets				

(8) FULL NAME FATHER <u>Thommas H. Parker</u>	(9) NAME BEFORE MARRIAGE MOTHER <u>Jennie Scarborough</u>
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(10) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Sumter S.C.</u>
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(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>37</u>	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>37</u>
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(16) BIRTHPLACE <u>A.C.</u>	(17) BIRTHPLACE <u>S.C.</u>
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(18) OCCUPATION <u>Lawyer</u>	(19) OCCUPATION <u>Housewife</u>
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(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>4</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Sumter S.C. on the date above stated. (Hour 1 P. M. or P. M.)(23) (Signature) H. R. Patterson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Sumter S.C.

Given name added from a supplemental report

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

(27) Filed July 10 1922 (28) L. B. Browning 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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WHILE PENDING, WITH UNPAID INC.—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.
McCauley, of Columbia

Only

ard)

ake ed

ms

M.,

P. M.)

wife

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