

## (1) PLACE OF BIRTH

County of LancasterTownship of Eastor  
Inc. Town ofor  
City of

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

(2) Full Name of Child San Grace Parker

File No.—For State Registrar Only

35153

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2804Registered No. 189  
(For use of Local Registrar)(3) BOY OR GIRL  
girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Oct 10 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

B. L. Parker

(9) PRESENT POSTOFFICE OF FATHER

Lancaster S. C. R. 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

45  
(Years)

(12) BIRTHPLACE

Lancaster Co. S. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1 time

## MOTHER.

(14) NAME BEFORE MARRIAGE

Nannie Baker

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster S. C. R. 2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

30  
(Years)

(18) BIRTHPLACE

Lancaster Co. S. C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

1 time

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Lancaster 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

10-17-22

(28) 15

(29) 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 2.

McCam of Columbia, Columbia, S. C.