

Form No. 1

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of Midway  
 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

58658

Registration District No. 403 Registered No. 17  
 (For use of Local Registrar)

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

(2) Full Name of Child James Mathew Parker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 9, 1916  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James W. Parker  
 (9) PRESENT POSTOFFICE OF FATHER Bamberg, S.C.  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23 (Years)  
 (12) BIRTHPLACE South Carolina  
 (13) OCCUPATION Farm Hand  
 (14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Estell Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE South Carolina  
 (19) OCCUPATION Farm Hand  
 (20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive (at 11 a. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Miley Carter

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Bamberg

Given name added from a supplemental report

(26) Witness Jessie McMillan

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

(27) Filed May 16, 1916 (28) R. F. McMillan 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.

When there is any doubt as to whether the child is a twin or triplet, use a separate blank for each child, and attach the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.