

(1) PLACE OF BIRTH

County of YorkTownship of Hamlet

Inc. Town of

City of

(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 this registration

8884

Registration District No. 440Registered No. 15
(For use of Local Registrar)

(2) Full Name of Child

Walter William Parker

(3) SEX OR GROWTH <u>Boy</u>	(4) Type or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Age at Birth <u>28</u>	(7) DATE OF BIRTH <u>Feb 28 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Walter Parker</u>	(14) NAME BEFORE MARRIAGE <u>Martha A. Lee</u>	(9) PRESENT RESIDENCE OF FATHER <u>Hamlet</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Hamlet</u>
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>18</u> (Year)	(16) COLOR OR RACE <u>Col</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Year)
(12) BIRTHPLACE <u>York</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>York</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn (Born alive or stillborn) (Hour of Day or P. M.)
on the date above stated.(23) (Signature) Walter Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
HamletGiven name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed "Stillborn")(27) Filed 3/30 23 (28) 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.