

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Muskingham</u> , ...		STATE OF SOUTH CAROLINA		87820	
Township of <u>Penn</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>4308</u>		Registered No. <u>113</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St.; Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>May Belle Parker</u> (If child is not yet named, make supplemental report as directed)					
(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 26 1916</u>	
To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)		
FATHER.			MOTHER.		
(8) FULL NAME <u>Morton Parker</u>			(14) NAME BEFORE MARRIAGE <u>Rockie Gamble</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>James S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>James S.C.</u>		
(10) COLOR OR RACE <u>Black</u>			(16) COLOR OR RACE <u>Black</u>		
(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Domestic Servant</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>2 A.M.</u> on the date above stated. (Born alive stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Caroline James</u>			(24) Address of Physician or Midwife <u>Midwife</u>		
(24) State whether Physician or Midwife <u>Midwife</u>			(25) Address of Physician or Midwife <u>James S.C.</u>		
Given name added from a supplemental report			(26) Witness <u>J. L. Baggett</u> (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Filed <u>11/27</u> 19 <u>16</u> (28) <u>Albert W. ...</u> Local Registrar.		
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.