

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of RaefordInc. Town of SumterCity 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

16015

Registration District No. 4.1.16Registered No. 4.0
(For use of Local Registrar)

(2) Full Name of Child

Parker Ozburne

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</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>May 5, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Parker Ozburne(9) PRESENT POSTOFFICE OF FATHER Rembert SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 42
(Years)(12) BIRTHPLACE Sumter cs(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jasper(15) PRESENT POSTOFFICE OF MOTHER Rembert SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 26
(Years)(18) BIRTHPLACE Sumter cs(19) OCCUPATION housewife(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jasper(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rembert SC

Given name added from a supplemental report

(26) Witness M. C. Harder
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed May 12, 1922 (28) M. C. Harder
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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N. 16.—In case of TWIN or TRIPLET use separate blank for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

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