

MARGIN RESERVED FOR BINDING.  
WHITE 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.

MEAD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richmond  
Township of Richmond  
or  
Inc. Town of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**88392**

Registration District No. 102 Registered No. 54  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 12, 1917</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <u>William Parker</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Richmond</u>	
(10) COLOR OR RACE <u>White</u>	
(12) BIRTHPLACE <u>W.C.</u>	
(13) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>7</u>	

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Daisy Rice</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)
(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond</u>	
(16) COLOR OR RACE <u>White</u>	
(18) BIRTHPLACE <u>S.C.</u>	
(19) OCCUPATION <u>Housewife</u>	
(21) Number of children of this mother now living, including present birth <u>7</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Conradie Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Richmond

Given name added from a supplemental report

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

(27) Filed Jan. 10, 1918 (28) J. K. Stedde  
Registrar 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.