

Form No. 16. MARGIN RESERVED FOR FILING. WRITING FAINTLY, 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

County of Henry

Township of Galivants Ferry, S.C.

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 State Registrar Only

43271

Registration District No. 2505

Registered No. 105

(For use of Local Registrar)

(2) Full Name of Child Helen Wray Parker

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 13

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Hooker Parker

(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 34

(Years)

(12) BIRTHPLACE Henry Co., S.C.

(13) OCCUPATION Farm laborer.

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Helen Wray

(15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Henry Co., S.C.

(19) OCCUPATION Housewife

(21) 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 as 4:40 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. E. Jones

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

Physician.

Waynes S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Dec 13 1911

(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.

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