

(1) PLACE OF BIRTH

County of Danville  
Township of Blacksville  
or  
Inc. Town of.....  
or  
City of.....

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

1911

Registration District No. 5-9-4 Registered No. 9  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Blairish Parker Jr. If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth 1 (7) DATE OF BIRTH Jan. 11, 1911  
To be answered only in case of Twin or Triplet (Month of Birth) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Blairish Parker

(14) NAME BEFORE MARRIAGE Marie Lucas

(9) PRESENT RESIDENCE OF FATHER Blacksville

(15) PRESENT RESIDENCE OF MOTHER Blacksville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 3-2  
(Year)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 3-1  
(Year)

(12) BIRTHPLACE S. C.

(18) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(19) OCCUPATION

(20) Number of children born to mother, including present birth 4 (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... Alive... at 2 P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wanda C. C. C. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date Feb. 11, 1911 at Blacksville

When there are no witnesses present, the signature of the physician or midwife must be signed by mark. If a child presents itself after it has been born, it must be reported as such.