

Form No. 1

## (1) PLACE OF BIRTH

County of Lee  
 Township of Mr. Chia  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**41423**

Registration District No. 300H Registered No. 93  
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Dec 12 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charlie Parker  
 (9) PRESENT POSTOFFICE OF FATHER Wysack, S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34  
 (Year) (12) BIRTHPLACE Lee Co  
 (13) OCCUPATION Farming

## MOTHER.

(14) NAME BEFORE MARRIAGE Virginia Parker  
 (15) PRESENT POSTOFFICE OF MOTHER Wysack, S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31  
 (Year) (18) BIRTHPLACE Lee Co  
 (19) OCCUPATION House wife  
 (20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Margie Jackson  
 (23) State whether Physician or Midwife midwife (24) Address of Physician or Midwife Wesley S.C.

Given name added from a supplemental report

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

(26) Filed Dec 10 1923 (27) Hewton Blum 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.