

WRITED PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK use a SEPARATE BLANK, No. 2, etc., in question 5.
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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

(1) PLACE OF BIRTH Offspring Co.
 County of Offspring Co.
 Township of Stones Path
 Inc. Town of Stones Path
 City of Stones Path
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 30.7 Registered No. 85
 (For use of Local Registrar)

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

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH 6-12-20
 (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Robert William Parker
 (9) PRESENT POSTOFFICE OF FATHER Stones Path
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 43 (Years)
 (12) BIRTHPLACE Anderson Co.
 (13) OCCUPATION Farming
 (14) Number of children born to mother, including present birth 9

MOTHER

(14) NAME BEFORE MARRIAGE Elizabet Brown
 (15) PRESENT POSTOFFICE OF MOTHER Stones Path
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Anderson Co.
 (19) OCCUPATION Domestic
 (20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 1:15 P. M. on the date above stated.
 (23) (Signature) H. H. Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Stones Path 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 July 31, 1922 (28) H. H. Williams 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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