

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of Orangeburg
 Township of Providence
 or
 Inc. Town of.....
 or
 City of

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

19747

Registration District No. 3614Registered No. 76
(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 Arroy Parker {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Number in order of birth yes (6) Are Parents Married? yes (7) DATE OF BIRTH June 25, 1922
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Rufus Salley</u>	(14) NAME BEFORE MARRIAGE <u>Sollie Muff</u>	(10) COLOR OR RACE <u>colored</u>	(16) COLOR OR RACE <u>colored</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Parker, S. C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Parker, S. C.</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>31</u> (Years)
(12) BIRTHPLACE <u>Georgia</u>	(18) BIRTHPLACE <u>Georgia</u>	(13) OCCUPATION <u>carpentering</u>	(19) OCCUPATION <u>housekeeping</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:4 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emily Hampton
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Parker, S. C.

Given name added from a supplemental report

(26) Witness D. W. Dantley
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Date June 30, 1922 (28) Local Registrar

*When there was no attending physician or midwife, the father, household, etc., should make this return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.