Form No. 1

(1) PLACE OF BIRTH

County of Marlboro

Township or Inc. Town of Bennettsville or City of

CERTIFICATE OF BIRTH

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

Registration District No. 3301 Registered No. 163
(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.)

File No.—For State Registrar Only
39396

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

(3) BOY OR 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?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl			Yes	Nov. 17 1927

FATHER.

(8) FULL NAME Luther Williams

(9) PRESENT POSTOFFICE OF FATHER Bennettsville S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Marlboro Co. S.C.

(13) OCCUPATION Farming

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

MOTHER.

(14) NAME BEFORE MARRIAGE Julian Parker

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 10 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Celia Byron

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

..... 19....
Registrar

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

(27) Filed Dec. 4 1927 (28) Mrs. W. Watson
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.

Bureau of Vital Statistics, Columbia, S. C.

N. B.—In case of TWINS OR TRIPLETS, use a separate line for each. Print plainly and make the FIRST-BORN, No. 1. Then other births, No. 2, etc., in question 6.

SAFETY FILM