

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Georgetown
Township of # 2
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
72839

Registration District No. 2101 Registered No. 56
(For use of Local Registrar)
St.; Ward)

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

(3) ~~BOY OR GIRL?~~ (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 14, 1906
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Nat Parker
(9) PRESENT POSTOFFICE OF FATHER Andrew R.N. # 2
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Georgetown Co SC
(13) OCCUPATION Farm Labor

MOTHER.
(14) NAME BEFORE MARRIAGE Jane William
(15) PRESENT POSTOFFICE OF MOTHER Andrew R.N. # 2
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)
(18) BIRTHPLACE Charleston Co SC
(19) OCCUPATION Farmhand

(20) Number of children born to mother, including present birth { 1 }
(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 born alive at 10 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James S. Parker

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191....
..... Registrar

(26) Witness Julia S. Bailey
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 8/30 1916 (28) R. W. Bailey 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.