

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

City of _____ (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. Phelia Parker } If child is not yet named, make supplemental report as directed.

(5) WIFE OR GIRL? <i>Wife</i>	(4) Twin or Triplet? <i>Single</i>	(3) Number in order of birth <i>1st</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>7-26-14</i>
	<i>Is answered only in case of twins or triplets</i>			(Name of Month) (Day) (Year)

FATHER.	
(8) FULL NAME	Benjamin J. Parker
(9) PRESENT POSTOFFICE OF FATHER	Jefferson, La. P.O. #8
(10) COLOR OR RACE	White (12) AGE AT LAST BIRTHDAY 26 (Years)
(11) BIRTHPLACE	Rock Hill, S.C.
(13) OCCUPATION	Wotton mill man
(20) Number of children born to mother, including present birth	1st

MOTHER.	
(14) NAME BEFORE MARRIAGE	Minnie's Kitchen
(15) PRESENT POSTOFFICE OF MOTHER	Essex, S. C. W. R. D. #8
(16) COLOR OR RACE	White (NY)
AGE AT LAST BIRTHDAY	21 (Years)
(18) BIRTHPLACE	Gaule, S. C.
(19) OCCUPATION	Domestic
(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) ...
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(23) Signature, _____	(25) Address of Physician or Midwife _____
(24) State whether Physician or Midwife <i>M.D.</i>	<i>Laffrey</i>

Given name added from a supplemental report

....., 121....

Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) FILED Feb. 17 1916 (28) H. F. Pritchard
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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 A woman's condition during months of months must be reported to the National Bureau of Child Health and Human Development by the fifth month of pregnancy.