

(1) PLACE OF BIRTH

County of GreenwoodTownship of GreenwoodInc. Town of GreenwoodCity of Greenwood

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

64651

Registration District No. 23.46 Registered No. 90

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 0 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 25, 1916
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

(8) FULL NAME Parker Smith(9) PRESENT POSTOFFICE OF FATHER Greenwood(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)(12) BIRTHPLACE Greenwood(13) OCCUPATION Hotel Waiter(20) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Willie Powers(15) PRESENT POSTOFFICE OF MOTHER Greenwood(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Greenwood(19) OCCUPATION domestic work(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 6/25 at 12:37 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. S. Henderson, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenwood

Given name added from a supplemental report

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

(27) Filed July 10, 1916 (28) S. R. B. B. B. 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.

Registrar [Signature] Local Registrar [Signature]

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STATIONER RECOMMENDS FOR THE FATHER'S SIGNATURE
 WHITE 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.