

(1) PLACE OF BIRTH

County of SpartanburgTownship of HayzieInc. Town of HayzieCity of Hayzie

(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

91901

Registration District No. 4008Registered No. 738

(For use of Local Registrar)

(2) Full Name of Child Margaret E. Parks

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 9

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leo Parks(9) PRESENT POSTOFFICE OF FATHER Spartanburg(10) COLOR OR RACE Colored(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE Spartanburg S.C.(13) OCCUPATION Breakman(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Sims(15) PRESENT POSTOFFICE OF MOTHER Spartanburg(16) COLOR OR RACE Colored(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Spartanburg S.C.(19) OCCUPATION X(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:30 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Grace Ferguson(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Dec. 16, 1916(28) E. F. Parker

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.