

CERTIFICATE OF BIRTH

(1) PLACE OF BIRTH
 County of Spartanburg STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health
 Township of
 or
 Inc. Town of Hayze
 or
 City of
 (If birth occurs in a hospital or other institution, give name of St.; Ward)

File No. — For State Registrar Only
91901

Registration District No. 4008 Registered No. 758
 (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
To be answered only in event of Twins or Triplets (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 27
 (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 27
 (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
 191.....
 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.

MICHIGAN STATE BOARD OF HEALTH, FIRST-BORN, No. 1, THIS OFFICE, No. 2, etc., in question 5.