

Form No. 1

(1) PLACE OF BIRTH

County of W. Blount
 Township of S. Central
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

9477

Registration District No. 4310Registered No. 12

(For use of Local Registrar)

(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 Leurline 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?

7) DATE OF BIRTH

March 23, 22

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

A. B. Parker

9) PRESENT POSTOFFICE OF FATHER

Lake City S.C.

10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

12) BIRTHPLACE

S.C.

13) OCCUPATION

Farmer

20) Number of children born to mother, including present birth

6

MOTHER.

14) NAME BEFORE MARRIAGE

Eugenia Munn

15) PRESENT POSTOFFICE OF MOTHER

Lake City S.C.

16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

22

18) BIRTHPLACE

S.C.

19) OCCUPATION

Housewife

21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was
 on the date above stated.

Aliveat 11 P. M.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

Jane Floyd

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Lake City S.C.

(Given name added from a supplemental report)

(26) Witness

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

19

Registrar

(27) Filed

March 22

(28)

M. R. Fitch

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.

WRITE PLAINLY, WITH UNFADING INK—THIS REQUIREMENT APPLIES TO ALL REPORTS. 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, BECAUSE OF COLUMBIA, COLUMBIA, S. C.