

# THE NEW YORK PUBLIC LIBRARY

McCAW OF COLUMBIA, COLUMBIA, S. C.

County of Dequfort  
Township of H. Helena  
or  
Inc. Town of.....  
or  
City of .....

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

Registration District No. 404 Registered No. 178  
(For use of Local Registrar)

**File No.—For State Registrar Only**  
**88552**

(2) Full Name of Child Millie Parker

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

(6) Aro Parents *u*

(7) DATE OF BIRTH Dec 9 1916  
(Name of Month) (Day) (Year)

# FATHER

(8) FULL NAME *Allen Parker*

(9) PRESENT POSTOFFICE OF FATHER *Frogmore S.B.*

(10) COLOR OR RACE	<i>negro</i>	(11) AGE AT LAST BIRTHDAY.
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(12) BIRTHPLACE *France* *SH*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth 10

**MOTHER.**

(14) NAME BEFORE MARRIAGE Katie Scott

(15) PRESENT POSTOFFICE OF MOTHER *Frosmore St.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *31*

(18) BIRTHPLACE *Sh*

(19) OCCUPATION *Farmer*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Frogmore St

Given name added from a supplement-  
tal report

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

(27) Filed 12/12/16 (28) Geo. H. Hocken  
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.