

(1) PLACE OF BIRTH

County of *Wayne*Township of *North*or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of name 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

4538

Registration District No. *2400* Registered No. *31*
(For use of Local Registrar)

2) Full Name of Child

Robert Lee Parker

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

None

(5) Number in order of birth

Is to be inserted only in case of twin or triplet

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb 20 1902

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robert Lee Parker

(9) PRESENT POSTOFFICE OF FATHER

Enfield S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Waynesboro

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Louise Parker

(15) PRESENT POSTOFFICE OF MOTHER

Enfield S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Waynesboro

(19) OCCUPATION

Housewife

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. J. ...*

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

Enfield S.C.

Given name added from a supplemental report

101

Registrar

(26) Witness

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

(27) Filed *Feb 20 1902* (28) *H. E. ...*
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.

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FORM NO. 3. MAINLY REVISED FOR BIDDING. WHEN RELAYED, WITH UNPAIDING ENL—THIS IS A PERMANENT RECORD. N. S. 3.—A card of living or stillbirth, as a physician, midwife, or other person, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia