

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 8.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Centerville  
or  
Inc. Town of.....  
or  
City of..... (No. .... St. .... Ward)  
(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

No. 2793

Registration District No. 30.3 Registered No. ....  
(For use of Local Registrar)

(2) Full Name of Child Dave Parker Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>✓</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>✓</u>	(6) Age of parent married <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 20, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Dave Parker</u>			(10) NAME BEFORE MARRIAGE <u>James Stacey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Anderson, S.C. R#3</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Anderson, S.C. R#</u>	
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>40</u> (Year)	(14) COLOR OR RACE <u>White</u>	(15) AGE AT LAST BIRTHDAY <u>37</u> (Year)	
(16) BIRTHPLACE <u>Anderson, S.C.</u>			(17) BIRTHPLACE <u>Anderson, S.C.</u>	
(18) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. B. Crayton

(24) State whether Physician or Midwife

(25) Address Anderson, S.C.

(Given name added from a supplemental report)

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

(27) Filed 10 (28) F. B. Crayton 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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