

(1) PLACE OF BIRTH

County of Same as for
Township of Clara
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

90508

Registration District No. 2801 Registered No. 104
(For use of Local Registrar)

(2) Full Name of Child no Name Father } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin Single or Triplet? (5) Number in order of birth 13th (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 21, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Parker
(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 46 (Years)
(12) BIRTHPLACE Lancaster Co. S.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 18

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Steven
(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 43 (Years)
(18) BIRTHPLACE Lancaster Co. S.C.
(19) OCCUPATION Farmer Labor
(21) Number of children of this mother now living, including present birth { 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M.; on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R.H. Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Lancaster 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 Dec 27 1916 (28) W.H. Duff 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.

