

## (1) PLACE OF BIRTH

County of LancasterTownship of East View

or

Inc. Town of

or

City of

(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

File No.—For State Registrar Only

90508

Registration District No. 2801Registered No. 104  
(For use of Local Registrar)(2) Full Name of Child Is. Name Parker

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 13-2(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 21, 1916

To be answered only in event of Twins or Triplets

(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 12

## MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Stevens(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 12

## 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

PhysicianLancaster 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. Daffin Local Registrar

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.