

(1) PLACE OF BIRTH

County of OrangeburgTownship of Secondor
In Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4006

File No.—For State Registrar Only

15924

Registered No. 62
(For use of Local Registrar)

St.; Ward)

(No.
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Ernest Meldon Parker If child is not yet named, make supplemental report as directed

3 SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>5-24-28</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER		
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8 FULL NAME <u>E. Parker</u>	(14) NAME BEFORE MARRIAGE <u>Ernest Meldon</u>
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9 PRESENT POSTOFFICE OF FATHER <u>Orangeburg, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Orangeburg, S.C.</u>
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10 COLOR OR RACE <u>white</u>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Year)
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11 BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
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12 OCCUPATION <u>Millwright</u>	(19) OCCUPATION <u>Housewife</u>
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13 Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Ernest Meldon Parker at Orangeburg, S.C. on the date above stated. (Local live or stillborn. Hour 12:30 P. M. or P. M.)(23) (Signature) [Signature] (24) Address of Physician or Midwife Orangeburg, S.C.(25) State whether Physician or MidwifeGive name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 5-24-28 (28) [Signature] Local RegistrarWhen 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.