

(1) PLACE OF BIRTH

County of OrangeburgTownship of 3rd

or Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Kargel Parker

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

No

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

March 7, 1923

FATHER.

(8) Full Name

D. H.

(9) Present Postoffice of Father

(10) Color or Race

E. H.

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Lovina Parker

(15) Present Postoffice of Mother

Orangeburg S.C.

(16) Color or Race

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Orangeburg S.C.

(19) OCCUPATION

Farm Work

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Rebecca Middleton

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Orangeburg 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

5-2-23

(28)

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.

Filed

Registrar.