

## (1) PLACE OF BIRTH

County of Richland  
 Township of Columbia S.C.  
 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

2355

Registration District No. 382 Registered No. 7126  
 (For use of Local Registrar)

(2) Full Name of Child Martha Parker

(No. Columbia St. Ward)  
 If birth occurs in a hospital or other institution, give name of same instead of street and number. None

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? T (5) Number in order of birth: 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 15 1922  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Parker  
 (9) PRESENT POSTOFFICE OF FATHER R F #4 Calumet  
 (10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 29 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Ham

## MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Taylor  
 (15) PRESENT POSTOFFICE OF MOTHER R F #4 Calumet  
 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 26 (Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Ham hand

(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Manie Myers

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife R F #4 Calumet

Given name added from a supplemental report

(26) Witness

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

(27) Filed 1-21 1922

(Signature of 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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