

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

City of Charleston

(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

71779

Registration District No. 9ARegistered No. 912

(For use of Local Registrar)

(2) Full Name of Child Gabriella Parker

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

(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Aug. 12, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Edmond Frank Parker(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 48 (Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Physician(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Harnist Harry Frank(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 42 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:50 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. A. Culson(24) State whether Physician or Midwife (25) Address of Physician or Midwife W.D.

Given name added from a supplemental report

191.....

Registrar

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

(27) Filed 9/12 191..... (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.

*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.