

NOTE.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Oconee</u>		STATE OF SOUTH CAROLINA		5173	
Township of <u>Howe</u>		Bureau of Vital Statistics			
Inc. Town of		State Board of Health			
City of		Registration District No. <u>3362</u>		Registered No. <u>3</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. Street Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Warren G. Parker</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 26, 1922</u>	
To be answered only in event of Twins or Triplets				(Specify Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Julius Benjamin Parker</u>			(14) NAME BEFORE MARRIAGE <u>Lonie May Prince</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Walhalla, S.C. R. #2</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Walhalla, S.C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)		
(12) BIRTHPLACE <u>Oconee Co., S.C.</u>			(18) BIRTHPLACE <u>Cherokee Co., N.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Three (3)</u>			(21) Number of children of this mother now living, including present birth <u>Three (3)</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> (Born alive or stillborn) (Hour A. M. or P. M.)					
on the date above stated.					
(23) (Signature) <u>Harriet E. Lusk</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Walhalla, S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Filed <u>Mar 6, 1922</u>		
Registrar			(28) <u>Lum W. Smith</u> 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.					