

WHILE FILLED, WITH INFORMATION, 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

County of Charleston  
 Township of Seaboard  
 or  
 Inc. Town of.....  
 or  
 City of.....  
 (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

33617

Registration District No. 912 Registered No. 19  
 (For use of Local Registrar)

(2) Full Name of Child William Susan Parker (No. .... St.; .... Ward)  
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 29 1922  
 To be answered only in event of Twins or Triplets (Name) (Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Wm Parker  
 (9) PRESENT POSTOFFICE OF FATHER Seaboard  
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE Net Pleasant SC  
 (13) OCCUPATION Painter  
 (20) Number of children born to mother, including present birth Five

MOTHER  
 (14) NAME BEFORE MARRIAGE J. C. Lavature  
 (15) PRESENT POSTOFFICE OF MOTHER Seaboard  
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 33 (Years)  
 (18) BIRTHPLACE Charleston SC  
 (19) OCCUPATION Cook  
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Black at 9 M., on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) Anna Dymus (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Seaboard

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Dr. J. H. Dymus  
 (27) Filed Oct 30 1922 (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.