

(1) PLACE OF BIRTH

County of ParadeeTownship of F. 10th

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

Registration District No. 3415

No. for State Registrar

19818

Registered No. 29

(For use of Local Registrar)

(2) Full Name of Child

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

(1) SEX <u>Girl</u>	(2) Date of Birth <u>July 11, 1923</u>	(3) Number in order of birth <u>1</u>	(4) Age of child <u>11</u>	(5) DATE OF BIRTH <u>July 11, 1923</u>
FATHER		MOTHER		
(6) FULL NAME <u>J. H. Parker</u>	(14) NAME BEFORE MARRIAGE <u>My wife</u>			
(7) PRESENT RESIDENCE OF FATHER <u>Lumberville 26</u>	(16) PRESENT RESIDENCE OF MOTHER <u>Lumberville 26</u>			
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>26</u>	(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>19</u>	
(15) BIRTHPLACE <u>G. D.</u>		(18) BIRTHPLACE <u>G. D.</u>		
(19) OCCUPATION <u>Farmer</u>		(20) OCCUPATION <u>Housewife</u>		
(22) Number of children born to mother, including present birth <u>1</u>	(23) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.(25) (Signature) Hubert Walker

(26) State whether Physician or Midwife

(27) Address of Physician or Midwife

Given name added from a supplemental report

(28) Witness

(29) Filed July 11, 1923

(30) 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.