

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. E.—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

County of Greenville
Township of Greenville
or
In Town of City View
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
18870

Registration District No. 20913 Registered No. 727
(For use of Local Registrar)
(No. 75—Parker Ave St. Ward)

(2) Full Name of Child Haworth Bruce Parker (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>13</u>	4) Twin or Triplet? <u>To be answered only in case of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>4</u>	7) DATE OF BIRTH <u>June 25th 22</u> (Name of Month) (Day) (Year)
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FATHER

8) FULL NAME Barney J. Parker

9) PRESENT POSTOFFICE OF FATHER Greenville, S.C.

10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)

12) BIRTHPLACE Meriwether Co. Ga.

13) OCCUPATION Carpenter & Joiner

20) Number of children born to mother, including present birth three

MOTHER

14) NAME BEFORE MARRIAGE Julia Jackson

15) PRESENT POSTOFFICE OF MOTHER Greenville, S.C.

16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

18) BIRTHPLACE Heard Co. Ga.

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. C. Bruce

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Greenville, S.C.

Given name added from a supplemental report

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

(27) Filed June 25th 1922 (28) [Signature] 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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