

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of *Spartanburg*

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Baby C. R. Parker*

File No.—For State Registrar Only

5659

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *40-a*Registered No. *50*

(For use of Local Registrar)

(No. *159* *Laurens* St.; Ward)

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

(3) BOY OR GIRL *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Jan 28 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *J. B. Parker*(9) PRESENT POSTOFFICE OF FATHER *Spartanburg*(10) COLOR OR RACE *White*

(11) AGE AT LAST BIRTHDAY

(Years) *25*(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Lineman Electric Line*(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Cora Jackson*(15) PRESENT POSTOFFICE OF MOTHER *Spartanburg*(16) COLOR OR RACE *White*

(17) AGE AT LAST BIRTHDAY

(Years) *28*(18) BIRTHPLACE *N. C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *4*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ...
on the date above stated.*Born alive* at *6:55 P.M.*
(Born alive or stillborn) (Hour, N. or P.M.)(23) (Signature) *Lucas R. R. R.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

156 E. Main

Given name added from a supplemental report

(26) Witness

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

(27) Filed *3-1-22*

(28)

Jas. Copes
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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