

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE, III AND FOR EACH CHILD, and mark the
 FIRST-BORN. No 1 THE OTHER No 2 etc in question 5

(1) PLACE OF BIRTH

County of York
 Township of Bethesda
 OR
 Inc. Town of.....
 OR
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
20510

Registration District No. 4461 Registered No. 149
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a Hospital or other institution, give name of same instead of street and number

(2) Full Name of Child Infant of Emma Parker 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 June 8, 1922
 To be answered only in case of Twins or Triplets

FATHER.
 8) FULL NAME Lawrence Parker
 9) PRESENT POSTOFFICE OF FATHER W. Greenville, S.C.
 10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 21
 12) BIRTHPLACE S.C.
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 2

MOTHER.
 14) NAME BEFORE MARRIAGE Emma Stacey
 15) PRESENT POSTOFFICE OF MOTHER W. Greenville, S.C.
 16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 20
 18) BIRTHPLACE S.C.
 19) OCCUPATION Field hand
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Harriet Stacey
 (24) State, whether Physician or Midwife Midwife (Colored) (25) Address of Physician or Midwife W. Greenville, S.C.

Given name added from a supplemental report
 (26) Witness
 (27) Date June 12, 1922 (28) L. H. Love Local Registrar

*When there was no attending physician or midwife, 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 sixth month of pregnancy.