

Form No. 1

(1) PLACE OF BIRTH

County of Myrtlebe
 Township of Summerville
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

21849

Registration District No. 3301 Registered No. 95

(For use of Local Registrar)

City of (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

Elizabeth Parker

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

(3) Sex of Child <u>girl</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>July 23</u>
FATHER.			MOTHER.	
(8) Full Name <u>Ed Parker</u>	(14) NAME BEFORE MARRIAGE <u>Ed Parker</u>		(18) PRESENT POSTOFFICE OF RESIDENCE <u>Summerville, S.C.</u>	
(9) PRESENT POSTOFFICE OF RESIDENCE <u>Summerville, S.C.</u>	(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(12) COLOR OR RACE <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>38</u> (Years)
(15) BIRTHPLACE <u>Myrtlebe, S.C.</u>	(16) OCCUPATION <u>Farming</u>		(17) BIRTHPLACE <u>Myrtlebe</u>	
(19) Number of children born to mother, including present birth <u>4</u>	(20) OCCUPATION <u>Domestic</u>		(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Alena Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Summerville

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 21 1923

(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.