

Form No. 1

(1) PLACE OF BIRTH

County of MyrtleTownship of Summervilleor
Inc. Town ofor
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

File No. — For State Registrar Only

21849

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3301 Registered No. 95

(For use of Local Registrar)

(3) SEX OF CHILD Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 14/23

FATHER.

(8) FULL NAME Ed Parker(9) PRESENT RESIDENCE Summerville, S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Myrtle Beach, S.C.(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Edith Parker(15) PRESENT RESIDENCE Summerville, S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 31 (Years)(18) BIRTHPLACE Myrtle Beach(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alma 3 P M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.(22) (Signature) Alma Brown (23) Address of Physician or Midwife Medway, Summerville(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(26) File July 21/23 (27) Local Registrar W. H. Lee

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.