

Form No. 3

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of Florida

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 4, 1922
(Name) (Day) (Year)

FATHER: (8) FULL NAME Chas. Swindell Parker (9) PRESENT POSTOFFICE OF FATHER Florida (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years) (12) BIRTHPLACE Brunswick Co., N.C. (13) OCCUPATION Spoolman Ry. Co.

MOTHER: (14) NAME BEFORE MARRIAGE Josephine Engler (15) PRESENT POSTOFFICE OF MOTHER Florida (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years) (18) BIRTHPLACE New York City (19) OCCUPATION Housewife (20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:15 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife Florida

Given name added from a supplemental report

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

(27) Filed Sept 6, 1922 (28) P. H. Brigham Local Registrar

19 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.