

1) PLACE OF BIRTH

County of McMinnick
 Township of Brilliant
 or
 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

35467

Registration District No. 4070 Registered No. 619
 (For use of Local Registrar)

(No. 61 Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) SEX MALE 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married Yes DATE OF BIRTH Sept 10, 1922
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER
 FULL NAME Jim Parker
 PRESENT POSTOFFICE OF FATHER McMinnick
 COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 37
 BIRTHPLACE S.C.
 OCCUPATION Farmer
 Number of children born to mother, including present birth 7

MOTHER
 (14) NAME BEFORE MARRIAGE Crain City
 (15) PRESENT POSTOFFICE OF MOTHER
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 37
 BIRTHPLACE S.C.
 OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) W. J. Talbot
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wich

When name added from a supplemental report

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

(27) Filed Oct 10, 1922 at McMinnick 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.