

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston S.C. (No. .... 2 ... 1022 ... W. 2nd ... St.; ... 3 ... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19958

Registration District No. 38A Registered No. 1445  
(For use of Local Registrar)(2) Full Name of Child Paper 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? No (7) DATE OF BIRTH June 5 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME J. H. Parks(9) PRESENT POSTOFFICE OF FATHER Columbia(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 50 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Book Binder(20) Number of children born to mother, including present birth 6

## MOTHER

(14) NAME BEFORE MARRIAGE Miss Robt. Smith(15) PRESENT POSTOFFICE OF MOTHER Johns(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Ironworker(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 2 M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. H. Parks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 6-19-22 (28) E. C. MCGREGOR 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.

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THIS IS A PERMANENT RECORD.  
In case of TWINS OR TRIPLETS use a SPECIAL BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 1.