

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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
79247

Registration District No. 40223 Registered No. 207

(For use of Local Registrar)

(2) Full Name of Child. Isak Parkes

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

APR 3 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Calvin Parkes

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C. R2

(10) COLOR OR RACE

Caucasian

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Bertha Mackay

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C. R2

(16) COLOR OR RACE

Caucasian

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

2

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn, at 8 A.M. on the date above stated. (Hour A.M. or P.M.)

(23) (Signature)

Mary Moore

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Spartanburg S.C.

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

APR 6 1916

(28)

W. W. Painter

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.