

Form No. 1

(1) PLACE OF BIRTH

County of ChesterTownship of LancasterInc. Town of ChesterCity of Chester

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

8437

Registration District No. 1126Registered No. 36

(For use of Local Registrar)

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

(2) Full Name of Child Charlie Clarence Parker

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 1(6) Are Parents Married Yes(7) DATE OF BIRTH Feb 18, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. W. Parker(9) PRESENT POSTOFFICE OF FATHER Chester SC(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 38

(Years)

(12) BIRTHPLACE Chester(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Anner Fick(15) PRESENT POSTOFFICE OF MOTHER Chester SC(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 25

(Years)

(18) BIRTHPLACE Chester County(19) OCCUPATION Farmer(20) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born Feb 18, 1923 at Chester, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. W. Parker

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed 4/9 1923

(27) Local Registrar

(28) J. W. Parker

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of twins or triplets use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.