

Form No. 8

(1) PLACE OF BIRTH

County of Williamburg
 Township of Sussex

or
 Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 4310

FILE NO. For State Registrar Only

30546

Registered No. 7
 (For use of Local Registrar)

(2) Full Name of Child Ida Parker
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

BOY OR GIRL? GIRL
 (4) Twin or Triplet? No
 (5) Number in order of birth 1
 (6) Are you Married? Yes
 (7) DATE OF BIRTH July 19, 1923
 (Name of Month) (Day) (Year)

FATHER
 FULL NAME Cleveland Parker
 PRESENT POSTOFFICE OF FATHER Lake City SC
 COLOR OR RACE white
 BIRTHPLACE SC
 OCCUPATION Farmer
 Number of children born to mother, including present birth 6

MOTHER
 (14) NAME BEFORE MARRIAGE Lula Truitt
 (15) PRESENT POSTOFFICE OF MOTHER Lake City SC
 (16) COLOR OR RACE white
 BIRTHPLACE SC
 (17) AGE AT LAST BIRTHDAY 20
 (18) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(8) I hereby certify that I attended the birth of this child, who was alive at 12 M.
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Vernell Parker
 (24) State whether Physician or Midwife midwife
 (25) Address of Physician or Midwife Lake City SC

Name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed July 19, 1923 (28) Mrs. W. A. Fitch 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.