

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

9983

Registration District No. 400 Registered No. 55

(For use of Local Registrar)

St. Ward)

(No. Instead of street and number.)

(2) Full Name of Child

Marrion 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Apr 20 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Herschel N. Niles

(9) PRESENT POSTOFFICE OF FATHER

DENMARK, S. C.

(10) COLOR OR RACE

Ck

(11) AGE AT LAST BIRTHDAY

23 (Year)

(12) BIRTHPLACE

(13) OCCUPATION

Day Laborer

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... as 10:20 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

DENMARK S. C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Pres

5/8 22

(28)

John Carson Local Registrar

19 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.