

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

MCCAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of AlamedaTownship of Palmdale

or

Inc. Town of Palmdale

or

City of Palmdale

(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

40689

Registration District No. 4602Registered No. 62
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Ordel 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

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Dec 27 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Charles Parker

(9) PRESENT POSTOFFICE OF FATHER

Palmdale, Ca

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30
(Years)

(12) BIRTHPLACE

Pa

(13) OCCUPATION

Teacher

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Viola Cooper

(15) PRESENT POSTOFFICE OF MOTHER

Palmdale

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Pa

(19) OCCUPATION

Domestic

(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 at 1 A.M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. H. H. H.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Palmdale, Ca

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 30 1922 (28) X X / Boyd mg

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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