

Form No. 1

(1) PLACE OF BIRTH

County of Florence S.C.Township of Florence S.C.

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.)

(2) Full Name of Child Courtney J. C. Parker

File No.—For State Registrar

34397

Registration District No. 2605 Registered No. 67
(For use of Local Registrar)

(3) BOY OR GIRL <u>GIRL</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>24 Oct 1922</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME James Marion Parker(14) NAME BEFORE MARRIAGE Minnie Lula Miller(9) PRESENT POSTOFFICE OF FATHER Florence S.C.(15) PRESENT POSTOFFICE OF MOTHER Florence S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 45
(Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
(Years)(12) BIRTHPLACE Florence Township(18) BIRTHPLACE Florence Township(13) OCCUPATION Light and Power(19) OCCUPATION house keeping(20) Number of children born to mother, including present birth 8—dead(21) Number of children of this mother now living, including present birth 7—dead

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live, right at 2 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sue Mack(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 1222 Blarlington St

Given name added from a supplemental report

wailing cloth(26) Witness Midwife
(Signature of Witness necessary only when question 25 is signed by mark)(27) Filed 10-2 19 22 Local Registrar P. H. Bughan

*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.

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.