

## (1) PLACE OF BIRTH

County of Wm.burg  
 Township of Troutman  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

30511

Registration District No. 4306 Registered No. 43  
 (For use of Local Registrar)

## (2) Full Name of Child

Annis Day Parker

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

Twins

(5) Number in order of birth

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 1 1923  
 (Name Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James L. Parker

(9) PRESENT POSTOFFICE OF FATHER

Kingston S.C. Rtd 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

40  
 (Years)

(12) BIRTHPLACE

Clarendon County

(13) OCCUPATION

farmer

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

five

## MOTHER.

(14) NAME BEFORE MARRIAGE

Drucilla Ganea

(15) PRESENT POSTOFFICE OF MOTHER

Kingston S.C. Rtd 2

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

33  
 (Years)

(18) BIRTHPLACE

Hamlet County

(19) OCCUPATION

housewife

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

three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive or stillborn at 3:45 PM on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 3rd 1923

(28)

J. P. G. Pearson  
 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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