

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Calhoun</u>		STATE OF SOUTH CAROLINA		80453	
Township of <u>Sigona</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>SD 21</u>		Registered No. <u>149</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.:		Ward)	
(2) Full Name of Child <u>Eliza Parker</u>		If child is not yet named, make supplemental report as directed			
(3) BOY or GIRL <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Oct 15 1916</u>	
To be answered only in case of Twins or Triplets					
FATHER.			MOTHER.		
(8) FULL NAME <u>Edmund Parker</u>			(14) NAME BEFORE MARRIAGE <u>Jildy Starks</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Ellenore, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Ellenore, S.C.</u>		
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>		
(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)		
(12) BIRTHPLACE <u>Orbg. Co</u>			(18) BIRTHPLACE <u>Orbg. Co</u>		
(13) OCCUPATION <u>mill Hand</u>			(19) OCCUPATION <u>field Hand</u>		
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>11 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>X Dannie Keith</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>Ellenore, S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>S. J. Elder</u>		
			(27) Filed <u>Oct 22 1916</u>		
19 Registrar			(28) <u>W. J. Keller</u> 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.					