

(1) PLACE OF BIRTH

County of GreenvilleTownship of Greenvilleor
Inc. Town of Greenvilleor
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18279

Registration District No. 14.03Registered No. 48
(For use of Local Registrar)

(No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Thomas 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 46 Are Parents Married? yes

7 DATE OF

BIRTH June 30, 1922
(Name of Month (Days) (Year))

FATHER.

8 FULL NAME Fred Parker9 PRESENT POSTOFFICE OF FATHER Greenville10 COLOR OR RACE black11 AGE AT LAST BIRTHDAY 33
Years12 BIRTHPLACE Greenville13 OCCUPATION farmer

14 Number of children born to mother, including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen Gilman(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Greenville(19) OCCUPATION farmer(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 White at 2 A.M.,
on the date above stated. (Born alive or stillborn. Hour A. M. or P. M.)(23) (Signature) Sarah J. Gilman(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 5, 1922(28) Mrs. G. H. Godley

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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