

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of **Mariboro,**.....

STATE OF SOUTH CAROLINA.

46899

Bureau of Vital Statistics
State Board of Health

Township of **Smithville,**....

or
Inc. Town of Registration District No. **3303**... Registered No. **4**.....
or
(For use of Local Registrar)

City of (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 **Fred 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 **Jan. 3/1916**
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME **Hutson Parker,**
(9) PRESENT POSTOFFICE OF FATHER **Kellock, S.C.**
(10) COLOR OR RACE **White,** (11) AGE AT LAST BIRTHDAY **31** (Years)
(12) BIRTHPLACE **S.C.**
(13) OCCUPATION **Farming,**
(14) Number of children born to mother, including present birth **3**

MOTHER.
(14) NAME BEFORE MARRIAGE **Fable Scott,**
(15) PRESENT POSTOFFICE OF MOTHER **Kellock, S.C.**
(16) COLOR OR RACE **White,** (17) AGE AT LAST BIRTHDAY **28** (Years)
(18) BIRTHPLACE **S.C.**
(19) OCCUPATION **Housework,**
(20) Number of children of this mother now living, including present birth **3**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **alive** at **11 A.M.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Fannie Abavis,**
(24) State whether Physician or Midwife **Midwife,** (25) Address of Physician or Midwife **Kellock, S.C.**

Given name added from a supplemental report
..... 191....
.....
Registrar

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

(27) File **Jan. 5/1916** (28) **W. H. Priest** 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.

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.
COLUMBIA UNIVERSITY WILL OBTAIN THIS AS A PERMANENT RECORD.
Form No. 10
Caw. of Columbia