

FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Greenville

Township of Garfield

or  
Inc. Town of Greenville

City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For this Certificate  
**56019**

Registration District No. 12-00 Registered No. 4-6  
(For use in Local Registration)

(2) Full Name of Child Madge Elaine Parker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 24 1906  
(Mark of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Mark Parker</u>	(14) NAME BEFORE MARRIAGE <u>Ida Johnson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Greenville 23</u>	(18) BIRTHPLACE <u>Greenville 20</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>House work</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. C. Smith

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report

..... 181.....

..... Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Jan 29 1906 (28) L. L. Richardson 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.

Fifth month of pregnancy.

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