

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

FILE NO. - 57 East Highway 66
 16922a

Registration District No. 9a Registered No. 4923
 (For use of Local Registrar)
 Name of Child Charles Thomas Parker (If child is not yet named, make supplemental report as directed)

1. DATE OF BIRTH July 27 1937
 (Month of Birth) (Day) (Year)
 2. SEX Male
 3. PLACE OF BIRTH Charleston, S.C.
 (Name of Place) (State) (County)

FATHER
John S. Parker
19 Charleston
Charleston, S.C.
 11. AGE AT LAST BIRTHDAY 37 (Years)
 PLACE N.C.
 OCCUPATION Carpenter

MOTHER
 14. NAME BEFORE MARRIAGE May S. Cannon
 15. PRESENT POSTOFFICE OF MOTHER 19 Charleston
 16. COLOR OR RACE White
 17. AGE AT LAST BIRTHDAY 27 (Years)
 18. BIRTHPLACE Charleston, S.C.
 19. OCCUPATION Home Duties
 20. Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I certify that I attended the birth of this child, who was born alive (or stillborn) (How A.M. or P.M.)
 date above cited.
 22. Signature Dr. C. Beckner
 23. Address of Physician or Midwife Charleston, S.C.

24. Witness (Signature of Witness necessary only when question 20 is signed by mother)
2/4 1937
 27. Filed 10-27 1937
 Registrar

If no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.

JUL 3 1940
 LEON BROWN
 REGISTRAR

FRANCH OF BIRTH

1. PLACE OF BIRTH

County of Charleston

Township of _____

or

Inc. Town of _____

City of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2A

Registered No. 807A

(For use of Local Registrar)

(No. 60 Spring St. 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 James Washington

(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. Sex Male
Married? YES

7. DATE OF BIRTH

June 4th 1932

(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER

8. FULL NAME

Ben Washington

9. PRESENT POSTOFFICE OF FATHER

60 Spring St.

10. COLOR OR RACE

Col.

11. AGE AT LAST BIRTHDAY

38

(Years)

12. BIRTHPLACE

Adams Run, S.C.

13. OCCUPATION

Laborer

16. Number of children born to mother, including present birth

1

MOTHER

14. NAME BEFORE MARRIAGE

Irene Campbell

15. PRESENT POSTOFFICE OF MOTHER

60 Spring St.

16. COLOR OR RACE

Col.

17. AGE AT LAST BIRTHDAY

27

(Years)

18. BIRTHPLACE

Georgetown, S.C.

19. OCCUPATION

Housewife

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 born alive at 4 A.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)

23. Signature Midwife - Name not remembered

24. State whether Physician or Midwife
Midwife

25. Address of Physician or Midwife
Sumter St.

Given name added from a supplemental report

Signature

26. Witness Recorded by mother on affidavit

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

Filed Sept. 12, 1932.

Leon Banov, M.D.

REGISTRAR

*When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child breathes even once, it must not be considered stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

JUL 3 1932

LEON BANOV, M.D.

REGISTRAR

K O D A