

Form No. 1

(1) PLACE OF BIRTH

County of O. W. O. W. O. W.
 or
 Township of Dugloo
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

43914

Registration District No. 3505 Registered No. 178
 (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 Baby 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 Dec. 16, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Andrew Parker
 (9) PRESENT POSTOFFICE OF FATHER Madison St. R. F. D.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE Ga.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Five

MOTHER.

(14) NAME BEFORE MARRIAGE Rebecca Phyliss
 (15) PRESENT POSTOFFICE OF MOTHER Madison St. R. F. D.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38
 (Years)
 (18) BIRTHPLACE Ga.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) D. G. Hall M. D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 8 19 22 D. G. Hall 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.

FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.