

(1) PLACE OF BIRTH

County of GreenvilleTownship of ParisInc. Town of ParisCity of Paris

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4101

Registration District No. 2214 Registered No. 6
(For use of Local Registrar)City of Paris (No. 6 of 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 Jarldie Booker If child is not yet named, make supplemental report as directed(1) BOY OR GIRL Girl (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (7) DATE OF BIRTH Feb 2 1918
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Louis Booker(9) PRESENT POSTOFFICE OF FATHER Greenville R. 1(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Helen Johnson(15) PRESENT POSTOFFICE OF MOTHER Greenville R. 1(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was A. M. at 7 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Hunt(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Greenville R. 1

Given name added from a supplemental report

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Registrar

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

(27) Mar 10 1918 (28) John B. Hester 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.