

## (1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of  
or

City of

(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 State Registrar Only

74820

Registration District No. 4009 Registered No. 94

(For use of Local Registrar)

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Sumpter Ben Parker Jr

(9) PRESENT POSTOFFICE OF FATHER

Woodruff SC R#1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

{ one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Bowen Westwood

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff SC R#1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

House keeper

(21) Number of children of this mother now living, including present birth

{ one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Billy B. at 6 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. A. A. Workman

(24) State Whether Physician or Midwife (25) Address of Physician or Midwife

Physician | Woodruff S.C.

Given name added from a supplemental report

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

(27) Filed Sept 11 1916 (28) Chas. Z. Byrton

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.

FORM NO. 6 MARGIN RESERVED FOR BINDING.

WE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

McCaw, of Columbia.