

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of Low

or
Inc. Town of X

City of Eastover SC

(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

Registration District No. 80

File No. For State Registrar Only

22434

Registered No. 207
(For use of Local Registrar)

(2) Full Name of Child Onnie B. Parker

If child is not yet med. make supplemental report as directed

3. BOY OR GIRL girl 4. Twin or Triplet To be answered only in case of Twin or Triplet 5. Number in order of birth 1 6. Are Parents Married yes 7. DATE OF BIRTH July 31, 23
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Rogers Parker

9. PRESENT POSTOFFICE OF FATHER Eastover SC

10. COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 28
(Year)

12. BIRTHPLACE Waterloo SC

13. OCCUPATION Farming

20. Number of children born to mother, including present birth 4

MOTHER.

14. NAME BEFORE MARRIAGE Pauline Simes

15. PRESENT POSTOFFICE OF MOTHER Eastover SC

16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 25
(Year)

18. BIRTHPLACE Waterloo SC

19. OCCUPATION house work

21. 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 alive 8 at A M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Millie Jackson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Low

Given name added from a supplemental report

(26) Witness 8/1 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/1 (28) W. H. Hargis 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 gestation.