

MARGIN RESERVED FOR BINDING.

WRITE 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.

(1) PLACE OF BIRTH
County of Georgetown
Township of # 2
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.)

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

File No. — For State Registrar Only
72840

Registration District No. 21/01 Registered No. 57
(For use of Local Registrar)

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

(3) BOY OR GIRL	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 26, 1916</u> <small>(Name of Month) (Day) (Year)</small>
-------------------------------	---	---------------------------------	---	--

FATHER.

(8) FULL NAME William Henry Parker

(9) PRESENT POSTOFFICE OF FATHER Andrus, S.C. R.R. # 2

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)

(12) BIRTHPLACE Georgetown Co S.C.

(13) OCCUPATION Farmhand

(20) Number of children born to mother, including present birth { 7 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lou Huger

(15) PRESENT POSTOFFICE OF MOTHER Andrus, S.C. R.R. # 2

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 35 (Years)

(18) BIRTHPLACE Georgetown Co S.C.

(19) OCCUPATION Farmhand

(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 9 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gracie Parker Midwife

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

Given name added from a supplemental report

(26) Witness Julian S. Bailey
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 8/30 1916 (28) W. S. Bailey
Registrar 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.