

## (1) PLACE OF BIRTH

County of ColletonTownship of St. GeorgeLoc. Town of St. GeorgeCity of St. George

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25004

Registration District No. 803Registered No. 77

(For use of Local Registrar)

(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 Margaret Parker

(If child is not yet named, make supplemental report as directed)

(3) SEX OR GIRLY

(4) Twin or Triplet?

(5) Number in order of birth

4

(6) Are Parents Married? yes

(7) DATE OF

BIRTH June 18, 1922  
(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME

(14) NAME BEFORE MARRIAGE

(9) PRESENT POSTOFFICE OF FATHER

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY 42  
(Years)

(16) COLOR OR RACE

(17) AGE AT LAST BIRTHDAY 32  
(Years)

(12) BIRTHPLACE

(18) BIRTHPLACE

(13) OCCUPATION

(19) OCCUPATION

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

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12th M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Margaret Parker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife St. George S.C.

Give name added from a supplemental report

(26) Witness Mrs. J. D. Stidman

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

(27) Filed June 19, 1922

(28) 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.