

5/19/42

16 092868

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH
 County of Aiken
 Township of Shaw
 or
 Inc. Town of _____
 or
 City of _____ (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth
 STATE OF SOUTH CAROLINA

Registration District No. 211 Registered No. _____
 (For use of Local Registrar)

FILE No.—For State Registrar Only
03839

2. FULL NAME OF CHILD Raze Parker { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy	If Plural Births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature..... Full term <input checked="" type="checkbox"/>	7. Are Parents Married? yes	8. Date of birth <u>July 18, 1916</u> (Month, day, year)
------------------------------	------------------	--------------------------------	-----------------------------------	--	------------------------------------	---

9. Full name FATHER <u>Dandridge Parker</u>	18. Name before marriage MOTHER <u>Lenabelle Holloway</u>
--	--

10. Residence (mailing address) (If non-resident, give place and State) <u>Route 3, Aiken, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Route 3, Aiken, S.C.</u>
--	--

11. Color or race <u>Negro</u>	12. Age at child's birth <u>45</u> (years)
20. Color or race <u>Negro</u>	21. Age at child's birth <u>40</u> (years)

13. Birthplace (city or place) (State or country) <u>Aiken Co. S.C.</u>	22. Birthplace (city or place) (State or country) <u>Edgefield Co. S.C.</u>
--	--

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u> 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. 16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work	OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u> 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work
---	---

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn _____

28. If stillborn, period of gestation _____ (months/weeks)	29. Cause of stillbirth _____	Before labor _____ During labor _____
--	-------------------------------	--

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive at 11:00A. on the date above stated.
 (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Dandridge Parker, Parent
 or _____, Guardian

Given name added from _____
 a supplementary report _____
 (Date of) _____

Address Route 3, Aiken, S.C.

Filed May 26, 1942 M. B. Woodward, M. D.
 Registrar.