

MARGIN RESERVED FOR BINDING

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.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Aiken
Township of Shaw
or
Inc. Town of _____
or
City of _____

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

(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 Raze Parker

{ If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy	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 July 18, 1916 (Month, day, year)
9. Full name FATHER Dandridge Parker			18. Name before marriage MOTHER Lenabelle Holloway		
10. Residence (mailing address) (If non-resident, give place and State) Route 3, Aiken, S.C.			19. Residence (mailing address) (If non-resident, give place and State) Route 3, Aiken, S.C.		
11. Color or race Negro		12. Age at child's birth 45 (years)		20. Color or race Negro	
13. Birthplace (city or place) (State or country) Aiken Co. S.C.		21. Age at child's birth 40 (years)		22. Birthplace (city or place) (State or country) Edgefield Co. S.C.	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent 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 11:00 A. 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, 1916 M. B. Woodward, M. D.
Registrar.

Registrar.