

## (1) PLACE OF BIRTH

County of Darlington  
Township of .....or  
Inc. Town of .....  
or  
City of Darlington

(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

File No. — For State Register Only

17324

Registration District No. 1.3.0 Registered No. 441

(For use of Local Register)

(2) Full Name of Child Lorina Irene Parker

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

(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE BIRTH June 7 1928(8) FULL NAME Albion Floyd Parker(14) NAME BEFORE MARRIAGE Wilhelmina Rapp(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(12) BIRTHPLACE South Carolina(18) BIRTHPLACE South Carolina(13) OCCUPATION Coder (Textile)(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth One(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated.(23) (Signature) Albion (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Darlington S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed July 6, 1928 (28) E. A. Early 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.

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