(1) PLACE OF BIRTH

County of .....

Township of .....

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)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
2750

Registration District No. 3H Registered No. 5-9
(For use of Local Registrar)

(No. ..... St.; ..... Ward)

(2) Full Name of Child. Tom H. Parker

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

(3) BOY OR GIRL	(4) Twin or Triplet? If twin or triplet, state which born first, second or third	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	(Year)
Boy				Feb	21	23

FATHER.

(8) FULL NAME Thomas Parker

(9) PRESENT POSTOFFICE OF FATHER Landrum

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Mill

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

MOTHER.

(14) NAME BEFORE MARRIAGE Tura Hester

(15) PRESENT POSTOFFICE OF MOTHER Landrum

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P.M. on the date above stated.

(23) (Signature) J. B. Crayton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Name added from a supplemental report

....., 192....

.....
Registrar

(28) Witness .....
(Signature of Witness necessary only when question 22 is answered NO)

(27) Filed Mar. 3 1923 (28) B. CRAYTON, Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathed even once, it must not be reported as stillborn. No report is desired of stillbirths before the 20th month of pregnancy.