

(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.)

2) Full Name of Child

(1) BOY OR
GIRL?

Full

(2) Twin
or Triplet?(3) Number in
order of birth

(To be answered only in case of twins or triplets)

(4) Are
Parents
Married?

yes

(7) DATE OF
BIRTH

Jan 3 - 1922

(Name of Month) (Day) (Year)

FATHER

(1) FULL
NAME

Sam Parker.

(2) PRESENT
POSTOFFICE
OF FATHER

Borowan, D.C.

(3) COLOR
OR
RACE

Black

(4) AGE AT LAST
BIRTHDAY

29

(Years)

(5) BIRTHPLACE

Orleg. Co. S.C.

(6) OCCUPATION

Farmer.

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

5

MOTHER

(14) NAME BEFORE
MARRIAGE

Edith Robinson

(15) PRESENT
POSTOFFICE
OF MOTHER

Borowan, D.C.

(16) COLOR
OR
RACE

Black

(17) AGE AT LAST
BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Orleg. Co. S.C.

(19) OCCUPATION

Domestic.

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 10-00 A.M. on the date above stated. (Be alive or stillborn) (Be hour or P.M.)

(23) (Signature)

Martha Ann Shuler

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Borowan, D.C.

Given name added from a supplement-
al report

(26) Witness

N. M. Young

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

(27) Filed

Jan 9, 1922

(28)

H. H. Dukes

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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