

(1) PLACE OF BIRTH.

County of SpartanburgTownship of Cherokee

Inc. Town of

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

Pamela

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

3 SEX OR CHILD? <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twins or Triplets	5 Number in order of birth	6 Are Parents Married? <u>No</u>	7 DATE OF BIRTH <u>June 13, 1922</u> (Month) (Day) (Year)
FATHER			MOTHER	
8 FULL NAME <u>Edna Parker</u>			14 NAME BEFORE MARRIAGE <u>Edna Parker</u>	
9 PRESENT POSTOFFICE OF FATHER <u>Campobello, SC R#4</u>			15 PRESENT POSTOFFICE OF MOTHER <u>Coropene SC R#1</u>	
10 COLOR OR FACE <u>W</u>	11 AGE AT LAST BIRTHDAY <u>26</u> (Years)	16 COLOR OR FACE <u>W</u>	17 AGE AT LAST BIRTHDAY <u>19</u> (Years)	
12 BIRTHPLACE <u>SC</u>		18 BIRTHPLACE <u>SC</u>		
13 OCCUPATION <u>Farmer's daughter</u>		19 OCCUPATION <u>Farmer's daughter</u>		
20 Number of children born to mother, including present birth <u>1</u>		21 Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22) I hereby certify that I attended the birth of this child, who was Born alive at 8:15 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) O. M. Chapman(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chesnut, SCGiven name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed June 15, 1922(28) 3

Local Registrar

Registrar

Where 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.

before the fifth month of pregnancy.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

20178

Registration District No 40020 Registered No. 74
(For use of Local Registrar)

(No. St.; Ward)

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