

(1) PLACE OF BIRTH

County of Marion
Township of Woodville

or
Inc. Town of

or
(H) of

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

File No.—For State Registrar Only

66343

Registration District No. 4009 Registered No. 72
(For use of Local Registrar)

(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 Charlie Parker

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 6 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charlie Parker

(9) PRESENT POSTOFFICE OF FATHER Winterville, N.C.

(10) COLOR OR RACE Black

(11) BIRTHPLACE Winterville, N.C.

(12) OCCUPATION Farmer

(13) Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Ellie Parker

(15) PRESENT POSTOFFICE OF MOTHER Winterville, N.C.

(16) COLOR OR RACE Black

(17) BIRTHPLACE Winterville, N.C.

(18) OCCUPATION Housewife

(19) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. N. Williams (24) Address of Physician or Midwife Winterville, N.C.

Given name added from a supplemental report

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

(26) Filed July 10, 1916 (27) Chas L. Boyler 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.

(27) Filed July 10, 1916 (28) Chas L. Boyler Local Registrar

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