

## (1) PLACE OF BIRTH

County of YorkTownship of Brook River

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

24318

Registration District No. 440 Registered No. 52  
(For use of Local Registrar)

## (2) Full Name of Child

Barnell Parker

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH

June 15 1922  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

Michael Parker

(9) PRESENT POSTOFFICE OF FATHER

Hickory Grove

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

49  
(Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Farmer

## MOTHER

(14) NAME BEFORE MARRIAGE

Milly Parker

(15) PRESENT POSTOFFICE OF MOTHER

Hickory Grove

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

24  
(Years)

(18) BIRTHPLACE

Cherokee Co

(19) OCCUPATION

Domestic

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

3

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

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:00 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19  
Registrar

(27) Filed

(28)

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.