

NOTE—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THIS OTHER, No. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Cherokee

Township of Swainsboro

or Inc. Town of Swainsboro

City of Swainsboro

(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

3527

Registration District No. 109 Registered No. 17

(For use of Local Registrar)

(2) Full Name of Child..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? single

(5) Number in order of birth 4

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov. 6, 1922

FATHER

(8) FULL NAME Goulden H Parker

(9) PRESENT POSTOFFICE OF FATHER Swainsboro

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE Swainsboro, Ga

(13) OCCUPATION Swainsboro, Ga

(14) Number of children born to mother, including present birth 4

MOTHER

(14) NAME BEFORE MARRIAGE Julia Jenkins

(15) PRESENT POSTOFFICE OF MOTHER Swainsboro

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Swainsboro, Ga

(19) OCCUPATION Domestic

(20) 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 alive at 7:30 P on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. F. Smith

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Swainsboro, Ga

Given name added from a supplemental report

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

(27) Filed Nov 10, 1922 (28) W. F. Smith 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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