

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

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

41043

Registration District No. 644 Registered No. 193
(For use of Local Registrar)(2) Full Name of Child Herbert Parker { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 13, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Aurelius Parker(9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Dorothy Bailey(15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farmer(21) 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 at 11:00 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Gibbs Frogmore S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness N. King

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

(27) Filed 127 20 1922 (28) J. H. King 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.

THIS IS A PERMANENT RECORD. TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

—MCCAW OF COLUMBIA, COLUMBIA, S. C.