

## (1) PLACE OF BIRTH

County of AndersonTownship of Andersonor Inc. Town of Andersonor City of Anderson

(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

Registration District No. 13-B

File No. — For State Registrar Only

3868

Registered No. 27  
(For use of Local Registrar)(2) Full Name of Child. Ernest J. Parker(1) BOY OR GIRL? girl(4) Twin or Triplet? ☒(5) Number in order of birth 1  
(to be covered only in case of twins or triplets)(6) Are Parents Married? yes(7) DATE OF BIRTH May 8, 1927  
(Name of Month) (Day) (Year)

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

(8) FULL NAME

Ernest J. Parker

(9) PRESENT POSTOFFICE OF FATHER

Anderson S.C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 44  
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer(14) Number of children born to mother, 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 or stillborn at 5 a M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. C. McQueen(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed July 28, 1927(28) J. C. McQueen  
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.