

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH

County of Dillon  
Township of Bethel  
or  
Inc. Town of Latta SC  
or  
City of \_\_\_\_\_

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
State Board of Health

Registration District No. 1606 Registered No. 132  
(For use of Local Registrar)

FILE No.—For State Registrar Only

16 093507

(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

Mary Hawk Parkam

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

3. Boy or Girl Boy If Plural Births \_\_\_\_\_ 4. Twin, triplet or other \_\_\_\_\_ 5. Number, in order of birth \_\_\_\_\_ 6. Premature \_\_\_\_\_ Full term Yes 7. Are Parents Married? Yes 8. Date of birth 9 23 1916  
(Month, day, year)

FATHER  
9. Full name Walter Odo Parkam

MOTHER  
18. Full maiden name Roberta Rekey

10. Residence (mailing address) (If non-resident, give place and State) Latta SC

19. Residence (mailing address) (If non-resident, give place and State) Latta SC

11. Color or race White 12. Age at last birthday 25 (Years)

20. Color or race White 21. Age at last birthday 25 (Years)

13. Birthplace (city or place) (State or country) Marlboro Co

22. Birthplace (city or place) (State or country) Dillon SC

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. \_\_\_\_\_

16. Date (month and year) last engaged in this work \_\_\_\_\_ 19 \_\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_ 19 \_\_\_\_\_

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months weeks \_\_\_\_\_ 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

Specify any physical deformities of child at birth None

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child who was alive at 9:30 a.m. on the date above stated.  
instilled in the eyes of this child at \_\_\_\_\_ M. on above date (Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) F. H. Rekey, M.D.  
(Name of Propylactin)

Given name added from \_\_\_\_\_ a supplementary report \_\_\_\_\_ (Date of)

or \_\_\_\_\_, Midwife  
Address Latta SC

Filed Oct 14 1916 Andrew C. Cantor  
Registrar.

Registrar.