

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 Lethe  
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 Parkman

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

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

9. Full name Walter Odo Parkman FATHER 18. Full maiden name Roberta Rekey MOTHER

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

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

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. \_\_\_\_\_ 24. 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 \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_ 25. Date (month and year) last engaged in this work \_\_\_\_\_ 19 \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_

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 23 a.m. on the date above stated.

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

instilled in the eyes of this child at \_\_\_\_\_ M. on above date

(Born alive or stillborn)

(Signed) F. H. Rekey M.D.

(Name of Physician)

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

or \_\_\_\_\_, Midwife.

Address Latta SC

Filed Oct 14 1916 Andrew C. Benton Registrar.

Registrar.