

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of 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.

(1) PLACE OF BIRTH County of <u>Charleston</u> Township of <u>James Island</u> Inc. Town of ..... or ..... City of ..... (No. .... St.; ..... Ward) (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 <b>3481</b>
(2) Full Name of Child <u>Elitha Parkian</u>				If child is not yet named, make supplemental report as directed		
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 24, 1922</u> (Name of Month) (Day) (Year)		
FATHER				MOTHER		
(8) FULL NAME <u>Richard Pridian</u>				(14) NAME BEFORE MARRIAGE <u>Emma Burden</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>James Island</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>James Island</u>		
(10) COLOR OR RACE <u>Blk</u>		(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)		(16) COLOR OR RACE <u>Blk</u>		(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>James Island</u>				(18) BIRTHPLACE <u>James Island</u>		
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>6</u>				(21) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE						
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at ..... M., on the date above stated. (Beep alive or stillborn) (Hour A. M. or P. M.)						
(23) (Signature) <u>Dolly Webster</u>				(25) Address of Physician or Midwife <u>James Island</u>		
(24) State whether Physician or midwife <u>Midwife</u>				(26) Witnesses (Signature of Witness necessary only when question 23 is signed by mark) <u>R. F. Crumball</u>		
Given name added from a supplemental report <u>Kio R. Seatock</u>				(27) Filed <u>Feb. 27, 1922</u> (28) <u>R. F. Crumball</u> 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.						