

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 Charleston  
 Township of James Island  
 Inc. Town of .....

CERTIFICATE OF BIRTH  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only  
**3481**

Registration District No. 904 Registered No. 20  
 (For use of Local Registrar)

City of ..... (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 Elitha Parkian If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Feb. 24, 1927  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Richard Parkian</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>	(13) OCCUPATION <u>farmer</u>	(18) BIRTHPLACE <u>James Island</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 born alive at ..... M., on the date above stated. (Be born alive or stillborn. (Hour A. M. or P. M.)

(23) (Signature) Dolly Webster  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife James Island

Given name added from a supplemental report  
Keo R. Seaton  
 Local Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
R. F. Crumball  
 Local Registrar

(27) Filed Feb. 27, 1927 (28) R. F. Crumball  
 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.