

## (1) PLACE OF BIRTH

County of Wm.burg  
 Township of James  
 OF  
 Inc. Town of .....  
 OF  
 City of ..... (No. .... St. .... Ward)

## CERTIFICATE OF BIRTH

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

File No. - For State Register Only

30532

Registration District No. 4308 Registered No. 74  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Charley Parker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be entered only in case of Twins or Triplets (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 16, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Western Parker(9) PRESENT POSTOFFICE OF FATHER James S. C.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40  
 (Years)(12) BIRTHPLACE James S. C.(13) OCCUPATION farm laborer(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Rocky Yambie(15) PRESENT POSTOFFICE OF MOTHER James S. C.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35  
 (Years)(18) BIRTHPLACE James S. C.(19) OCCUPATION farm laborer(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at James S. C. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. M. Yambie  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife James S. C.

Given name added from a supplement-  
 tal report

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

(27) Filed Sept 16, 1923 (28) AK Yambie Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.