

Form No. 1.

## (1) PLACE OF BIRTH

County of ThurberTownship of Thurberor  
Inc. Town ofor  
City of

(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

49967

Registration District No. 3407Registered No. 4

(For use of Local Registrar)

St.: Ward:

(2) Full Name of Child. Leah Ann Parker

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb. 6</u> <u>1906</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Jackson Parker(9) PRESENT POSTOFFICE OF FATHER Chubbville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Laborer(26) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mat. Stumpf(15) PRESENT POSTOFFICE OF MOTHER Chubbville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 3 a.m. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)(23) (Signature) W. H. Stumpf(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chubbville

Given name added from a supplemental report

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Registrar

(26) Witness W. H. Stumpf

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

(27) Filed Feb. 7 1916 (28) J. H. Stumpf 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.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

PLEASE PRINTED FOR BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA