

(1) PLACE OF BIRTH

County of

Township of

or Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

37164

Registration District No.

302

Registered No.

139

(For use of Local Registrar)

(No. of St. or Ward)

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

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

(2) Full Name of Child

Alberta Parker

(3) Sex of Child

0 Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) Full Name

Emmis Parker

(14) NAME BEFORE MARRIAGE

Mary Gilbert

(9) PRESENT POSTOFFICE OF FATHER

Stone Path

(15) PRESENT POSTOFFICE OF MOTHER

Stone Path

(10) COLOR OR RACE

black

(12) AGE AT LAST BIRTHDAY

20 (Years)

(16) COLOR OR RACE

black

(17) AGE AT LAST BIRTHDAY

12 (Years)

(11) BIRTHPLACE

S. C.

(18) BIRTHPLACE

And. C. S. C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Dom

(20) Number of children born to mother, including present birth

1

(22) Number of children of this mother now living, including present birth

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was alive at 11:30 A. M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature)

Fannie Darnall

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Stone Path

(26) Name added from a supplemental report

(26) Witness

Fannie Darnall

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

(27) Date

(28) 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.

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