

## (1) PLACE OF BIRTH

County of LawrenceTownship of Jeffreyor  
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

42825

Registration District No. 2007 Registered No. 110  
(For use of Local Registrar)(2) Full Name of Child Dorothy Lee Parker { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age Parents Married? <u>7/10</u>	(7) DATE OF BIRTH <u>Dec 20 1915</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Sar Marion Parker</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Lula Miller</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Mars Bluff S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Mars Bluff S.C.</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(12) BIRTHPLACE <u>Mars Bluff S.C.</u>			(18) BIRTHPLACE <u>Mars Bluff S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House wife</u>	
20) Number of children born to mother, including present birth <u>5</u>			21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth X. Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Mars Bluff S.C.

Given name added from a supplemental report

(26) Witness Mrs. Jno. P. Gregg

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

(27) Filed Dec. 27, 1915 (28) Mrs. Jno. P. Gregg  
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 during the fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1. THE OTHER, No. 2, etc., in question 8.