

## (1) PLACE OF BIRTH

County of EdgefieldTownship of P. 3rdor  
Inc. Town of  
or  
City of Edgefield

(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

46075

Registration District No. 13a Registered No. 2

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) SEX OR GENDER? Male (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1915

To be answered only in case of Twins or Triplets

## FATHER.

## MOTHER.

(8) FULL NAME Erskin Parker(14) NAME BEFORE MARRIAGE Rosa Thompson(9) PRESENT POSTOFFICE OF FATHER Edgefield SC(15) PRESENT POSTOFFICE OF MOTHER Edgefield SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Lamun Co(18) BIRTHPLACE Cheneyville SC(13) OCCUPATION Teacher(19) OCCUPATION Wife(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 130 P.M. on the date above stated. (Born alive or stillborn) Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Edwards(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Edgefield SC

Given name added from a supplemental report

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

(27) Filed Jan 25 1915 (28) R. L. Linn 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.

FIFTH MONTH OF PREGNANCY.

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. McCaw, of Columbia