

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.

Form 6-4

(1) PLACE OF BIRTH

County of Charleston S.C.
Township of 1
or
Inc. Town of 1
or
City of 4
(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
538

Registration District No. 9 A Registered No. 118
(For use of Local Registrar)
(No. 29 Pikem St. Wm Ward)
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Ledora Parker

3 BOY OR GIRL <u>girl</u>	4 Twin or Triplet? To be answered only in case of Twins or Triplets	5 Number in order of birth <u>2</u>	6 Are Parents Married? <u>Yes</u>	7 DATE OF BIRTH <u>Jan 23, 1922</u> (Month) (Day) (Year)
FATHER			MOTHER	
8 FULL NAME <u>William Parker</u>			14 NAME BEFORE MARRIAGE <u>Viola Fichman</u>	
9 PRESENT POSTOFFICE OF FATHER <u>39 Pikem St</u>			15 PRESENT POSTOFFICE OF MOTHER <u>39 Pikem St</u>	
10 COLOR OR RACE <u>colored</u>			11 AGE AT LAST BIRTHDAY <u>29</u> (Years)	
12 BIRTHPLACE <u>Newark S.C.</u>			16 COLOR OR RACE <u>colored</u>	
13 OCCUPATION <u>Pullman Service Union St.</u>			17 AGE AT LAST BIRTHDAY <u>34</u> (Years)	
20 Number of children born to mother, including present birth <u>Just</u>			18 BIRTHPLACE <u>Charleston S.C.</u>	
			19 OCCUPATION <u>Housewife</u>	
			21 Number of children of this mother now living, including present birth <u>Two</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Nurse Anna C. Gault
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Medings 31 (head) St

Given name added from a supplemental report
Ledora Parker
Parker 1922
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 1-28-1922 J. Mendenhall 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.

LOCAL Registrar
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