

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.

MOCCAW OF COLUMBIA. COLUMBIA, S. C.

(1) PLACE OF BIRTH		COUNTY OF <u>Blustersfield</u>		TOWNSHIP OF <u>Court House</u>		INC. TOWN OF		CITY OF		Registration District No. <u>1203</u>		Registered No. <u>163</u>	
		STATE OF SOUTH CAROLINA		Bureau of Vital Statistics		State Board of Health						(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)													
(2) Full Name of Child													
If child is not yet named, make supplemental report as directed													
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 1 1916</u>	(Name of Month) (Day) (Year)								
FATHER.							MOTHER.						
(8) FULL NAME <u>James S Parker</u>							(14) NAME BEFORE MARRIAGE <u>Lue Gardner</u>						
(9) PRESENT POSTOFFICE OF FATHER <u>McFarlane Mc</u>							(15) PRESENT POSTOFFICE OF MOTHER <u>McFarlane Mc</u>						
(10) COLOR OR RACE <u>White</u>							(11) AGE AT LAST BIRTHDAY <u>50</u> (Years)						
(12) BIRTH PLACE <u>Blustersfield SC</u>							(16) COLOR OR RACE <u>White</u>						
(13) OCCUPATION <u>Farmer</u>							(17) AGE AT LAST BIRTHDAY <u>42</u> (Years)						
(18) BIRTH PLACE <u>Blustersfield SC</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>5</u>						
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*													
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>4 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)													
(23) (Signature) <u>Martha Ann + Leonard</u>													
(24) State whether Physician or Midwife <u>mid wife</u> (25) Address of Physician or Midwife <u>McFarlane Mc</u>													
Given name added from a supplemental report													
(26) Witness <u>D. F. Brock</u> (Signature of Witness necessary only when question 23 is signed by mark)													
(27) Filed <u>Sept 12 1916</u> (28) <u>J. E. Mulvey</u> 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.