

Form No. 2  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 STATE BOARD OF HEALTH  
 COLUMBIA, S. C.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 2  
**(1) PLACE OF BIRTH**  
 County of Spartanburg  
 Township of OS  
 OR  
 Inc. Town of .....  
 OR  
 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  
87368

Registration District No. 4000 Registered No. 1000  
 (For use of Local Registrar)

**(2) Full Name of Child** Madora Lucille Parker

(3) **BOY OR GIRL** girl (4) **Twin or Triplet?** No (5) **Number in order of birth** 1 (6) **Are Parents Married?** yes (7) **DATE OF BIRTH** 10/21 1929  
To be answered only in event of Twins or Triplets (Name of Month) / (Day) (Year)

**FATHER.**  
 (8) **FULL NAME** John Parker  
 (9) **PRESENT POSTOFFICE OF FATHER** Duncan SC RA  
 (10) **COLOR OR RACE** Col (11) **AGE AT LAST BIRTHDAY** 31  
 (12) **BIRTHPLACE** SC  
 (13) **OCCUPATION** Farmer  
 (20) **Number of children born to mother, including present birth** 1

**MOTHER.**  
 (14) **NAME BEFORE MARRIAGE** Margy Graham  
 (15) **PRESENT POSTOFFICE OF MOTHER** Duncan SC RA  
 (16) **COLOR OR RACE** Col (17) **AGE AT LAST BIRTHDAY** 23  
 (18) **BIRTHPLACE** SC  
 (19) **OCCUPATION** Domestic  
 (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 alive at 10:00 M., on the date above stated. (Born alive or still born) (Hour A. M. or P. M.)

(23) **(Signature)** Jemoore  
 (24) **State whether Physician or Midwife** Physician (25) **Address of Physician or Midwife** Duncan

Given name added from a supplemental report  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ 19 \_\_\_\_\_  
 Registrar

(26) **Witness** \_\_\_\_\_  
 (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) **Filed** 10/21 19 29 (28) **Local Registrar** Jemoore

\*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.

F I L E M