

REGISTRATION DISTRICTS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Form No. 2

(1) PLACE OF BIRTH
County of Spokane
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

Registration District No. 4000

File No.—For State Registrar Only
87368

Registered No. 1000
(For use of Local Registrar)

(2) Full Name of Child Madora Leticia 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) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10/21</u> (Name of Month) / (Day) / (Year)
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(8) FATHER FULL NAME <u>John Parker</u> PRESENT POSTOFFICE OF FATHER <u>Duncan SC RA</u> COLOR OR RACE <u>Col</u> BIRTHPLACE <u>SC</u> OCCUPATION <u>Farming</u> Number of children born to mother, including present birth <u>1</u>		(9) MOTHER NAME BEFORE MARRIAGE <u>Margy Graham</u> PRESENT POSTOFFICE OF MOTHER <u>Duncan SC RA</u> COLOR OR RACE <u>Col</u> BIRTHPLACE <u>SC</u> OCCUPATION <u>Domestic</u> Number of children of this mother now living, including present birth <u>1</u>	
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(10) AGE AT LAST BIRTHDAY 31 (Years)

(11) AGE AT LAST BIRTHDAY 23 (Years)

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 stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. Moore

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Duncan

Given name added from a supplemental report

(26) Witness J. Moore
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 10/21 19 16

(28) Local Registrar J. Moore

*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.