

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24628

Registration District No. 3 B

Registered No. 61

(For use of Local Registrar)

(No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child

Kathleen Parker

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

3 SEX OF CHILD

Girl

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married?

7 DATE OF BIRTH

(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER

8 FULL NAME

Edgar Parker

9 PRESENT POSTOFFICE OF FATHER

Piedmont S.C.

10 COLOR OR RACE

White

11 AGE AT LAST BIRTHDAY

21 (Years)

12 BIRTHPLACE

S.C.

13 OCCUPATION

Se. file work

MOTHER

14 NAME BEFORE MARRIAGE

Hester Crafford

15 PRESENT POSTOFFICE OF MOTHER

Piedmont S.C.

16 COLOR OR RACE

White

17 AGE AT LAST BIRTHDAY

23 (Years)

18 BIRTHPLACE

S.C.

19 OCCUPATION

Domestic

20 Number of children born to mother, including present birth

2

21 Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Aug 16 1922

(28) 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.

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