

(1) PLACE OF BIRTH

County of Florence

Township of Florence

Inc. Town of Florence

City of Florence (No. 11th Pine)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

52129

Registration District No. Registered No. 7

(For use of Local Registrar)

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 Mrs. Quintman Parker } If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH March 25 1914
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Mr. Nicholas Parker

(14) NAME BEFORE MARRIAGE Miss Roxiebell Powell

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(15) PRESENT POSTOFFICE OF MOTHER Florence

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 21 (Years)

(16) COLOR OR RACE w (17) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE SC.

(18) BIRTHPLACE SC.

(13) OCCUPATION Engineer

(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 11458 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Frank C. Powell

(24) State Physician or Midwife (25) Address of Physician or Midwife

Phys. Florence S.C.

Given name added from a supplemental report

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

(27) Filed 4/2 1914 (28) M.H. 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.

NEVER WRITE IN THESE SPACES. 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.