

1) PLACE OF BIRTH

County of Charleston
 City of James City
 or
 Town of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
30183

Registration District No. 904 Registered No. 74
 (For use of Local Registrar)

or (No. St.; Ward)
 City of
 (If birth occurs in a hospital or other institution, give name of same, instead of street and number.)

2) Full Name of Child Henry Walker (If child is not yet named, make supplemental report as directed)

3) SEX Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Oct 1 1923
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Henry William Thompson
 9) PRESENT POSTOFFICE OF FATHER R 1 Charleston
 10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Year)
 12) BIRTHPLACE Charleston S.C.
 13) OCCUPATION Farmer
 14) Number of children born to father, including present birth Three

MOTHER.
 15) NAME BEFORE MARRIAGE Nellie Woodbury
 16) PRESENT POSTOFFICE OF MOTHER R 1 Charleston
 17) COLOR OR RACE white (18) AGE AT LAST BIRTHDAY 30 (Year)
 19) BIRTHPLACE Summerville S.C.
 20) OCCUPATION Housewife
 21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) D. W. Ellis M.D. (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife R 1 Charleston S.C.

Have name added from a supplemental report

 19.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by male)
See 6 1923 (27) Signed Sp. R. Souder Local Registrar

If 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.