

N. B.—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.

CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		37435 X	
(1) PLACE OF BIRTH County of <u>Richland</u> Township of <u>✓</u> or Inc. Town of <u>✓</u> or City of <u>Columbia</u> (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		Registration District No. <u>38B</u> Registered No. <u>29B</u> (For use of Local Registrar) St. <u>Heathwood</u> Ward <u>✓</u>	
(2) Full Name of Child <u>Daisy DeLeon Walker</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married <u>Yes</u>
(7) DATE OF BIRTH <u>Nov. 24, 1913</u> (Name of Month) (Day) (Year)			
FATHER		MOTHER	
(8) FULL NAME <u>Joseph Walker</u>		(14) NAME BEFORE MARRIAGE <u>Audina Dader</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Heathwood S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Heathwood S.C.</u>	
(10) COLOR OR RACE <u>White</u>		(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)		(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)	
(12) BIRTHPLACE <u>Gork: S.C.</u>		(18) BIRTHPLACE <u>Rock Hill S.C.</u>	
(13) OCCUPATION <u>Callon</u>		(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>6</u>		(21) Number of children of this mother now living, including present birth <u>5</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
(22) I hereby certify that I attended the birth of this child who was <u>Alive</u> at <u>155 A.</u> M. on the date above stated. (Born alive or stillborn) (How A.M. or P.M.)			
(23) (Signature) <u>James W. Smith</u>		(25) Address of Physician or Midwife <u>1501 Lady St</u>	
(24) State whether Physician or Midwife <u>Physician</u>			
Given name added from a supplemental report <u>12-28-1913</u>		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>a. J. Sloan</u>	
Registrar <u>M. B. Upchurch</u>		(27) Filed <u>Nov 26 1913</u> (28) <u>a. J. Sloan</u> 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.