

(1) PLACE OF BIRTH

County of CharlestonTownship of James Is.

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6895

Registration District No. 904 Registered No. 213
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of (No. St.; Ward)
(If child is not yet named, make supplemental report as directed)(2) Full Name of Child Rosa Walker

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes(7) DATE OF BIRTH May 5 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

"Nude" Walker

(8) PRESENT POSTOFFICE OF FATHER

James Island

(10) COLOR OR RACE

Blk(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

Charleston County

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE MARRIAGE

Barah Webb

(15) PRESENT POSTOFFICE OF MOTHER

James Island

(16) COLOR OR RACE

Blk(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

3

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) X Rachel Seabrook(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife James Island

Given name added from a supplemental report

Leola Seabrook
Registrar

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

(27) Filed Mar. 15 1922 (28) P. F. Grimbals
Sub-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.