

## (1) PLACE OF BIRTH

County of CharlestonTownship of SEInc. Town of CharlestonCity of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

88765

Registration District No. 9X Registered No. 1457

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 16</u>
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Lee Walker(9) PRESENT POSTOFFICE OF FATHER City(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE St. Thomas, S.C.(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 1 child

## MOTHER.

(14) NAME BEFORE MARRIAGE Louise Gadsen(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20 (Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Washing(21) Number of children of this mother now living, including present birth 1 child

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 PM M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sarah Bailey

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

Midwife 87 East Bay St

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 1/2 1919

(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.

If reported as stillborn, No report is desired of stillbirths before the fifth month of pregnancy.