

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston

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

## (2) Full Name of Child

Evel Walty

File No.—For State Registrar Only

3357

199

Registration District No. 9 A

Registered No. ....

(For use of Local Registrar)

(No. 344 St Philip)

St.; ..... Ward)

If child is not yet named, make supplemental report as directed

3. BOY OR GIRL

girl(4) Twin or Triplet? λ

To be answered only in event of Twin or Triplet.

(5) Number in order of birth x(6) Are Parents Married? yes

(7) DATE OF BIRTH

Jan 7 1922

(Specify of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Charles W. Walty

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

41 (Year)

(12) BIRTHPLACE

Orangeburg County

(13) OCCUPATION

Shipper & Caulker

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

Three

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mattie Walty

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23 (Year)

(18) BIRTHPLACE

Orangeburg County

(19) OCCUPATION

Domestic

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

(23) (Signature)

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

18 North 1st St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

7/19 1922

Local Registrar.

\*When there was no attending physician or midwife, then the father, household, 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.

Given name added from a supplemental report

(Date of)

Address

Filed

9/23 1920W. H. H. H.

Registrar.