

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N.B.—in case of TWINS or TRIPLETS, use a SEPARATE SLANE FOR EACH CHILD, and mark the
FIRST BORN. No. 1 THE OTHER, No. 2, etc., in question 2.

1. PLACE OF BIRTH		CERTIFICATE OF BIRTH		FILE No.—For State Registrar Only
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		<u>39463 1/2</u>
Township of _____		Bureau of Vital Statistics		
or		State Board of Health		
Inc. Town of _____		Registration District No. <u>A 1</u>		Registered No. _____
or				(For use of Local Registrar)
City of <u>Georgetown</u>		<u>420 Orange</u>		Ward _____
(If birth occurs in a hospital or other institution, give name of institution, location of parent and number)				
2. FULL NAME OF CHILD <u>Joseph Edw. Walker</u>				
3. DATE OF BIRTH <u>Nov 26 1908</u>				
(Place of Month) (Day) (Year)				
4. Sex <u>Male</u>				
5. Age <u>4 1/2</u>				
6. Present Postoffice of Mother <u>Georgetown</u>				
7. Present Postoffice of Father <u>Georgetown</u>				
8. Birthplace <u>S.C.</u>				
9. Occupation <u>Domestic</u>				
10. Number of children of this mother now living, including present birth <u>1</u>				
11. Number of children of this father now living, including present birth <u>8</u>				
12. Color or Race <u>Negro</u>				
13. Age at last birthday <u>35</u>				
14. Birthplace <u>S.C.</u>				
15. Occupation <u>Domestic</u>				
16. Number of children of this mother now living, including present birth <u>1</u>				
17. Number of children of this father now living, including present birth <u>8</u>				
18. Color or Race <u>Negro</u>				
19. Age at last birthday <u>35</u>				
20. Birthplace <u>S.C.</u>				
21. Occupation <u>Domestic</u>				
22. I hereby certify that I attended the birth of this child, who was <u>born alive</u> (Born alive or stillborn)				
23. Signature <u>Livora Johnson</u>				
24. State whether Physician or Midwife <u>Midwife</u>				
25. Given name added from a supplemental report _____				
26. Witness (Signature of Witness necessary only when question 23 is signed by mother)				
27. Filed <u>Sept 28</u>				
28. Local Registrar <u>M. P. Key</u>				

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.
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