

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *Walnut Grove*

Loc. Town of

City of

(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

79385

Registration District No. *4010*Registered No. *38*

(For use of Local Registrar)

St. Ward)

(2) Full Name of Child. *Not named*

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

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Sept 5* 191*6*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Louis J. Walker

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg R7 D4 SC

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY *31*

(Years)

(12) BIRTHPLACE

Spartanburg co.

(13) OCCUPATION

Farming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Lowe

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg R7 D5 SC

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY *30*

(Years)

(18) BIRTHPLACE

Pineville SC

(19) OCCUPATION

Housekeeper

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was *Male* at *5* a. M. (Born alive or stillborn) (Hour A. M. or P. M.)

on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Physician**Rock SC*

Given name added from a supplemental report.

191*6*

Registrar

(26) Witness

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

(27) Filed

Oct 6 191*6*

(28)

Dr. J. McArthur

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.