

2/12/43 In Office

16 092989

## 1. PLACE OF BIRTH

County of AndersonTownship of Andersonor  
Inc. Town of \_\_\_\_\_City of Anderson, S.C.

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00133

Registration District No. 3-a Registered No. \_\_\_\_\_  
(For use of Local Registrar)

## 2. FULL NAME OF CHILD

Nellie Mae Walker

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

3. Boy or Girl

If Plural  
births4. Twin, triplet or other. None

6. Premature \_\_\_\_\_

7. Are Parents

8. Date of  
birthAug. 241943Girl5. Number, in order of birth. 1Full term ✓Married? yes

(Month, day, year)

9. Full  
name

FATHER

Horace Greddy Walker18. Name before  
marriage

MOTHER

Bessie Day

10. Residence (mailing address)

(If non-resident, give place and State) 1210 S. Fant St.

19. Residence (mailing address)

(If non-resident, give place and State) 1210 S. Fant St.11. Color or race. Col.12. Age at child's birth. 31 (years)20. Color or race. Col.21. Age at child's birth. 17 (years)13. Birthplace (city or place)  
(State or country)Due West, S.C.22. Birthplace (city or place)  
(State or country)Anderson, S.C.14. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Shoe Cobbler23. Trade, profession, or particular  
kind of work done, as house-  
keeper, typist, nurse, clerk, etc.Housekeeper15. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.Blank24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc.Blank16. Date (month and year) last  
engaged in this workFebruary 1943

17. Total time (years)

spent in this work 4225. Date (month and year) last  
engaged in this workFebruary 1943

26. Total time (years)

spent in this work 20

37. Number of children of this mother

(At time of birth and including this child (a) Born alive and now living 1 (b) Born alive but now dead ✓ (c) Stillborn \_\_\_\_\_)28. If stillborn,  
period of gestation \_\_\_\_\_months  
weeks

29. Cause of stillbirth \_\_\_\_\_

Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was Born Alive at 6:00 A.m. on the date above stated.  
(Born alive or stillborn){ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.(Signed) H. M. Walker, Parent

or \_\_\_\_\_, Guardian

Given name added from

a supplementary report \_\_\_\_\_

(Date of)

Address 1210 S. Fant St., Anderson, S.C.Filed Feb. 22 1943 M. B. Woodward, MD  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)