

Form No. 8

(1) PLACE OF BIRTH

County of DaytonTownship of Flat Creek

Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2802 Registered No. 113

(For use of Local Registrar)

FILE NO. For State Registrar Only

41200

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

(2) Full Name of Child Kathleen Walker

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Nov 20 1923
(Name of Month) (Day) (Year)

(8) FULL NAME

Walter Walker

(9) PRESENT POSTOFFICE OF FATHER

Franklin

(10) COLOR OR RACE

Black(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Weld Mill Laborer

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

3

MOTHER

(14) NAME BEFORE MARRIAGE

Bessie Chapman

(15) PRESENT POSTOFFICE OF MOTHER

Franklin

(16) COLOR OR RACE

Black(17) AGE AT LAST BIRTHDAY 24
(years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housework

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M.
on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)(23) (Signature) Walter Walker

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Franklin

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 12 1924 (28) P. C. Chapman
Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make the return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of children, having month of pregnancy.WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B. In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.