

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Barnwell
 or
 Inc. Town of
 or
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
13735

Registration District No. 501 Registered No. 9
 (For use of Local Registrar)

(2) Full Name of Child Freddy Walker (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 January 19 22
 (Month) (Day) (Year)

FATHER. (8) FULL NAME Lewis Walker MOTHER. (14) NAME BEFORE MARRIAGE Pearl Green

(9) PRESENT POSTOFFICE OF FATHER Barnwell SC (15) PRESENT POSTOFFICE OF MOTHER Barnwell SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Year) (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Year)

(12) BIRTHPLACE Barnwell Co SC (18) BIRTHPLACE Barnwell Co SC

(13) OCCUPATION Farming (19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 2 (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 alive at 5-0 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Flora Connel

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell SC

Given name added from a supplemental report

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

(27) Filed May 6 1922 (28) N. F. Harkness 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.