

(1) PLACE OF BIRTH

County of AikenTownship of CLor
Inc. Town ofor
City of

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

(2) Full Name of Child William May Walker (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth one(6) Are Parents Married? yes

(7) DATE OF

BIRTH Aug 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harmon Walker(9) PRESENT POSTOFFICE OF FATHER Aiken(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Summerville SC(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Williams(15) PRESENT POSTOFFICE OF MOTHER Aiken(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Summerville SC(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth one(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Albert H. Walker on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rhodella Spain(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Aug 28 1922 (28) R. H. Rhinest 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.