

## (1) PLACE OF BIRTH

County of Greenville

Township of .....

Inc. Town of .....

City of Greenville

(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

21107

Registration District No. 22ARegistered No. 386

(For use of Local Registrar)

(2) Full Name of Child Isabeloth Walker

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

(3) BOY OR GIRL? 1

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH July 26th, 23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Walker(9) PRESENT POSTOFFICE OF FATHER Greenville, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 38  
(Years)(12) BIRTHPLACE S. C.(13) OCCUPATION Painter(14) Number of children born to mother, including present birth 4

## MOTHER

(14) NAME BEFORE MARRIAGE Lena Clements(15) PRESENT POSTOFFICE OF MOTHER Greenville, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 36  
(Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M. on the date above stated.  
(Hour A. M. or P. M.)(23) (Signature) Nancy Jones

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

Midwife 14 North St.

Even name added from a supplemental report

(26) Witness

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

(27) Aug 3, 1923 (28) 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.

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