

MARGIN RESERVED FOR INDEXING.
 WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD, AND MUST BE
 IN CASE OF TWINS OR TRIPLETS AND A SEPARATE BLANK FOR EACH CHILD, AND MUST BE
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of A. S. Greenville,
 Township of Snagnum,
 Inc. Town of.....
 or
 City of.....

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

No. 8070—For State Registrar Only

Registration District No. 189 Registered No. 189
 (For use of Local Registrar)

City of..... (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR CHILD <u>Girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Twin Marked	(7) DATE OF BIRTH <u>Oct 16 1923</u> (Name of Month) (Day) (Year)
FATHER.				MOTHER.
(8) FULL NAME				(14) NAME BEFORE MARRIAGE <u>Pinkie Walker</u>
(9) PRESENT RESIDENCE OF FATHER				(15) PRESENT RESIDENCE OF MOTHER <u>Calhoun Falls S.C.</u>
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY..... (Year)			(16) COLOR OR RACE <u>negro</u>
(12) BIRTHPLACE				(17) AGE AT LAST BIRTHDAY..... (Year)
(13) OCCUPATION				(18) BIRTHPLACE <u>A. S. Greenville S.C.</u>
				(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>8 7</u>				(21) Number of children of this mother now living, including present birth <u>7</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 4 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Paula Bryant
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Calhoun Falls

Given name added from a supplement-
 al report

(26) Witness.....
 (Signature of Witness necessary only
 when question 23 is signed by mark)
 (27) Filed Oct 26 1923 (28) W. H. M. M. M.
 Local Registrar.

When born out of attending physician or midwife, then the father, householder, etc., should make this return.
 If a child is born even when it must not be reported as stillborn. No report is desired of stillbirths
 before the fifth month of pregnancy.