

## (1) PLACE OF BIRTH

County of AikenTownship of Chigrafin

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

17332

Registration District No. 202Registered No. 12

(For use of Local Registrar)

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

(2) Full Name of Child John Walhoun

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 1(6) Are Parents Married? Yes(7) DATE OF BIRTH January 18 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME David Walhoun(9) PRESENT POSTOFFICE OF FATHER Batesburg sc(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 24

(Year)

(12) BIRTHPLACE Aiken Co Sc(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosie Spann(15) PRESENT POSTOFFICE OF MOTHER Batesburg Sc(16) COLOR OR RACE Black(17) AGE AT LAST BIRTHDAY 22

(Year)

(18) BIRTHPLACE Aiken County Sc(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 1

## 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) Hester Haley(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Samaris Sc

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1922

(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.