

(1) PLACE OF BIRTH

County of DorchesterTownship of Boyeror  
Inc. Town of .....

City of .....

(No. .... St.; ..... Ward)  
(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

64139

Registration District No. 1702 Registered No. 39  
(For use of Local Registrar)(2) Full Name of Child. Dorchester Walker

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>2nd</u> <u>one</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 13</u> , 19 <u>16</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME Dorchester Walker(9) PRESENT POSTOFFICE OF FATHER Reesville S.C.(10) COLOR OR RACE Wgn (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Colleton Colthawks S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Agnos Evans(15) PRESENT POSTOFFICE OF MOTHER Reesville S.C.(16) COLOR OR RACE Wgn (17) AGE AT LAST BIRTHDAY 24  
(Years)(18) BIRTHPLACE Dorchester Reesville S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 P. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) J. E. Evans

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

Given name added from a supplemental report

....., 191.....

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Registrar(26) Witness J. H. Hill  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 21, 1916. (28) G. M. Hudson 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.

 MARGIN RESERVE, DO NOT WRITE IN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia