

County of Essex
Township of Bellevue
or
Inc. Town of
or
City of

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

~~41826~~

(No. St.; Ward)
 institution, give name of same instead of street and number.)

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

FATHER.

(9) FULL NAME *Bernie walker*

(9) PRESENT POSTOFFICE OF FATHER *Ruffin Lc*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *21*.....
(Years)

(12) BIRTHPLACE *Hamburg Co*

(13) OCCUPATION *Farming*

(20) Number of children born to mother, including present birth { *2*.....

MOTHER.

(14) NAME BEFORE MARRIAGE - Minnie Bell Gant

(15) PRESENT POSTOFFICE OF MOTHER Ruffin SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY..... 19..... (Years)

(18) BIRTHPLACE Scotland

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1.....1.....

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 P.M.,
on the date above stated. (Born alive or stillborn), (Hour A. M. or P. M.)

(23) (Signature) Eileen Droughlan
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Huffman 2c

Given name added from a supplemental report

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

(27) Filed Jan 7 1923 (28) 11:11 AM 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.