

(1) PLACE OF BIRTH

County of Hambley
Township of Muske
or
City of

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

No. 21965 - For State Registrar Only

Registration District No. 3407 Registered No. 34
(For use of Local Registrar)

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

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

(3) Sex Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH July 25 23
(Name of Month) (Day) (Year)

FATHER
(8) Full Name Jessie Walker
(9) Present Postoffice of Father Chappinville S.C.
(10) Color or Race W (11) AGE AT LAST BIRTHDAY 23 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION Law Milling

MOTHER
(14) NAME BEFORE MARRIAGE Iola May Suter
(15) PRESENT POSTOFFICE OF MOTHER Chappinville S.C.
(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)
(18) BIRTHPLACE S.C.
(19) OCCUPATION House Wkr
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) (M., D., or P. M.)
(22) (Signature) William Walker
(23) State whether Physician or Midwife (24) Chappinville S.C.

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 22 is signed by mark) W. Walker
(26) Local Registrar
(27) Filed July 25 23

*When there was no attending physician or midwife, then the father, household, etc., should make this report 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.