

## (1) PLACE OF BIRTH

County of Winkler  
 Township of Muske  
 or  
 City of .....

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

No. 10.—For State Register Only  
**21965**

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... Ward)  
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Jane Regina Walker

(3) SEX OF CHILD Girl (4) Type or Triple 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 Terrence Walker  
 (9) PRESENT POSTOFFICE OF FATHER Chippewa S.C.  
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 23 (Year)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Law Milling  
 (14) NAME BEFORE MARRIAGE Iola May Suter  
 (15) PRESENT POSTOFFICE OF MOTHER Chippewa S.C.  
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23 (Year)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION House Wif  
 (20) Number of children born to mother, including present birth 2  
 (21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was White (Born alive or stillborn), (Sex) (Male or Female), (Date) July 25, 1923  
 on the date above stated.  
 (23) (Signature) Thomas Walker  
 (24) State whether Physician or Midwife Physician or Midwife  
 (25) State whether Physician or Midwife Physician or Midwife

Given name added from a supplemental report  
 (26) Witnesses (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed July 28, 23 (28) Local Registrar L. Walker  
 Registrar

\*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.