

WRITE PLAINLY, 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.

(1) PLACE OF BIRTH

County of Summerville
 Township of
 or
 Inc. Town of
 or
 City of
 (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

22340

Registration District No. 22A

Registered No. 597
 (For use of Local Registrar)

(No. 1814 Buncombe St.; Ward)

(2) Full Name of Child Mary Olive Walker

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 26, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph W. Walker
 (9) PRESENT POSTOFFICE OF FATHER Summerville S.C.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33
 (Years)
 (12) BIRTHPLACE Hightower N.C.
 (13) OCCUPATION minister
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Elme Amelia Jones
 (15) PRESENT POSTOFFICE OF MOTHER Summerville S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 26
 (Years)
 (18) BIRTHPLACE Rock Hill S.C.
 (19) OCCUPATION H.W.
 (21) Number of children of this mother new 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 Mary Olive at 3:35 P.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. H. Anderson
 (24) State whether Physician or Midwife mid. (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed July 18, 1922 (28) C. E. Smith 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.

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MCRAW OF COLUMBIA, COLUMBIA, S. C.