

(1) PLACE OF BIRTH

County of UnionTownship of Punkeyor
Inc. Town ofCity of Rockhart St

(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

2666

Registration District No. 42.25 Registered No.

(For use of Local Registrar)

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

(1) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 26, 1922</u>
				(Name of Month) (Day) (Year)

FATHER.

(3) FULL NAME Fulmore J Walker(8) PRESENT POSTOFFICE OF FATHER Rockhart St(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Shoals, N.C.(13) OCCUPATION Electric mill work(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lusia M Gregory(15) PRESENT POSTOFFICE OF MOTHER Rockhart St(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Rockhart St(19) OCCUPATION Domestic(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 Alive, at 9. P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles B. Bradley, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Rockhart St

Given name added from a supplemental report

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Registrar

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

(27) Filed Feb. 11, 1923 (28) D. L. Sullivan 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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