

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Williamston  
 OF Pike  
 Inc. Town of Pike  
 OF Pike  
 (City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5791

Registration District No. 30Registered No. 79  
(For use of Local Registrar)

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

## (2) Full Name of Child

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

(3) BOY OR GIRL he (4) Twin or Triplet — (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Mar 9 23  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Pete Walker(14) NAME BEFORE MARRIAGE Maggie Sullivan(9) PRESENT POSTOFFICE OF FATHER Pike SC(15) PRESENT POSTOFFICE OF MOTHER Pike SC(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Year)(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Year)(12) BIRTHPLACE Abbeville County(18) BIRTHPLACE Laurens County(13) OCCUPATION Farmer(19) OCCUPATION House Servant(20) Number of children born to mother, including present birth one(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 24 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. R. Dandy

(24) State whether Physician or Midwife

(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 Mar 13 1923(28) W. R. Dandy 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.