

(1) PLACE OF BIRTH

County of LaurensTownship of Laurensor
Inc. Town ofor
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

90638

Registration District No. 1904 Registered No. 158

(For use of Local Registrar)

(2) Full Name of Child Carrie 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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 26, 1926
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mark walker(9) PRESENT POSTOFFICE OF FATHER Laurens S.C. R#2(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 47 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm.(14) Number of children born to mother, including present birth { 11

MOTHER.

(14) NAME BEFORE MARRIAGE Georgiana Irby(15) PRESENT POSTOFFICE OF MOTHER Laurens S.C. R#2(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 44 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm(20) Number of children of this mother now living, including present birth { 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 12 M (Hour A. M. or P. M.) on the date above stated.(23) (Signature) D. Asher Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Laurens S.C. R#3

Given name added from a supplemental report

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(26) Witness Martha Meadows (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 30 1926 (28) L. E. Bishop 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.