

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James Isd  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17003

Registration District No. 904 Registered No. 36  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) SEX OR Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are French Marriages yes (7) DATE OF BIRTH June 25 23  
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Isaac Walker  
 (9) PRESENT POSTOFFICE OF FATHER James Island  
 (10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 30 (Year)  
 (12) BIRTHPLACE James Island  
 (13) OCCUPATION Carpenter  
 (14) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Julia Seabrook  
 (15) PRESENT POSTOFFICE OF MOTHER James Island  
 (16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 40 (Year)  
 (18) BIRTHPLACE James Island  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(22) (Signature) Rachel Seabrook  
 (23) State whether Physician or Midwife Midwife (24) Address of Physician or Midwife James Island

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 23 is signed by mother)

Leo R. Seabrook Registrar

(27) Filed June 24 23 (28) P. F. Grimboll 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.

MARCH 1915. REVISED FOR 1917. WHEN PLACED IN USE, THIS IS A PERMANENT RECORD. IN THE CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK IT FIRST-BORN, No. 1, THE OTHER, No. 2, etc. IN QUESTION 2, GIVE THE CHILD'S NAME.