

No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Marion

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 315- Registered No. 79
(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 George R. Walker If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>Normal</u>	(5) Number of Children of this Mother <u>1</u>	(6) Date of Birth <u>Oct 19, 1926</u>
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FATHER		MOTHER	
(7) Full Name <u>Horner Walker</u>	(14) Full Name <u>Ellie Mattison</u>	(8) Present Residence of Father <u>Paulletta SC #1</u>	(15) Present Residence of Mother <u>Paulletta SC #1</u>

(9) COLOR <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u>	(10) COLOR <u>Negro</u>	(12) AGE AT LAST BIRTHDAY <u>23</u>
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(13) BIRTHPLACE <u>GA</u>	(16) BIRTHPLACE <u>GA</u>
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(17) OCCUPATION <u>Farmer</u>	(18) OCCUPATION <u>Domestic work</u>
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(19) Number of children born to mother, including present birth <u>1</u>	(20) Number of children of this mother now living, including present birth <u>1</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 1:10 P.M. on the date above stated. (Born alive or stillborn) (Hour, P. M. or A. M.)(22) (Signature) Susan Brown (23) Address of Physician or Midwife or Midwife Paulletta SC

Given name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(25) Filed 11/1/26 (26) Local Registrar

When filed by an 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.