

(1) PLACE OF BIRTH **SC**
 County of **Florence**
 Township of **Effingham**
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No. — For State Registrar Only
22140

Registration District No. **1004** Registered No. **440**
 (For use of Local Registrar)

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

(3) BOY OR GIRL **Girl**
 (4) Twin or Triplet **Single**
 (5) Number in order of birth **1**
 (6) Are Parents Married? **no**
 (7) DATE OF BIRTH **6/7 day of 1922**
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME **Bartholomew Walker**
 (9) PRESENT POSTOFFICE OF FATHER **Effingham**
 (10) COLOR OR RACE **colored**
 (11) AGE AT LAST BIRTHDAY **21**
 (Years)
 (12) BIRTHPLACE **hull turner place in tansbay township**
 (13) OCCUPATION **farming**

MOTHER.

(14) NAME BEFORE MARRIAGE **Annie Brooks**
 (15) PRESENT POSTOFFICE OF MOTHER **Effingham**
 (16) COLOR OR RACE **colored**
 (17) AGE AT LAST BIRTHDAY **21**
 (Years)
 (18) BIRTHPLACE **Robert McLaughlin place in tansbay township**
 (19) OCCUPATION **farming**
 (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 **born** at **12.00.00 A.M.** on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Ann Brooks**
 (24) State whether Physician or Midwife **Midwife**
 (25) Address of Physician or Midwife **Robert McLaughlin place in tansbay township**

Given name added from a supplemental report 181.....
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **Ann Brooks**
 (27) Filled **June 10, 1922** (28) **D. C. Hill** 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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