

COUNTY OF York..... STATE OF SOUTH CAROLINA.....  
 TOWNSHIP OF York.....  
 INC. TOWN OF York..... Registration District No. 1575 Registered No. 7  
 CITY OF York.....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child Richard Edward Walker If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD? <u>Boy</u>	(2) Twin or triplet?	(3) Number in order of birth	(4) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 5 1929</u> (Month of Birth) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>James H. Walker</u>			(14) NAME BEFORE MARRIAGE <u>Bernie Pauline Ham</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Yorkville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Yorkville S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>60</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>mgr. of Printing Plant</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7:15 A.M.  
 on the date above stated. (Born live or stillborn) (Hour A.M. or P.M.)  
 (23) (Signature) William L. Smith  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Yorkville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Feb 14 29 W. L. Smith  
 (27) Filed 191 (28) W. L. Smith  
 Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before fifth month of pregnancy.

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