

(1) PLACE OF BIRTH
 County of Greenville
 Township of

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

File No. For State Registrar Only
56001

Inc. Town of Registration District No. 22 A Registered No. 187
 or
 City of Greenville (No. 320 Hampton St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>to be passed only in case of Twins & Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Apr 22</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>J. D. Walker</u>		(14) NAME BEFORE MARRIAGE <u>Williams</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>		
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Merch</u>		(19) OCCUPATION <u>H. wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:15 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
City

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness
 (Signature of Witness necessary only when question 26 is signed by mark)
 (27) Filed May 11 1916 (28) C. E. Smith
 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.

McCaw, of Columbia.
 FIRST-BORN, No. 1. WHEN OTHER, No. 2, etc., in question 5.
 THIS IS ONE OF SEVERAL COPIES OF THIS FORM AND A SUPPLEMENTAL BLANK FOR each child, and mark the

N. H. McCaw
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