

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McGaw, of Columbia.

(1) PLACE OF BIRTH  
County of Chester  
Township of Chester, S.C.  
OR  
Inc. Town of .....  
OR  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 1102 Registered No. 102  
(For use of Local Registrar)  
St.; ..... Ward)  
(2) Full Name of Child Johnnie Walker } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? one (5) Number in order of birth one (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 9th 1916  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME William Walker  
(9) PRESENT POSTOFFICE OF FATHER Chester, S.C.  
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 39 (Years)  
(12) BIRTHPLACE Chester county  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Bessie Rosboro  
(15) PRESENT POSTOFFICE OF MOTHER Chester S.C.  
(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 28 (Years)  
(18) BIRTHPLACE Chester county  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*  
(22) I hereby certify that I attended the birth of this child, who was alive at 8 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Sieller Peterson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife, Chester, S.C.  
Given name added from a supplemental report .....  
(26) Witness Ruby Barron (Signature of Witness necessary only when question 22 is signed by mark)  
(27) Filed Dec 10 1916 (28) John Hume 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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