

## (1) PLACE OF BIRTH

County of Darlington

Township of .....

or

Inc. TOW of .....

or

City of Darlington SC

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

41901

Registration District No. 12.0Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Mamie O. Walker

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>X</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 22, 1912</u> (Month) (Day) (Year)
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(8) FATHER'S FULL NAME <u>W. E. Walker</u>		(9) MOTHER'S FULL NAME <u>Maggie Walker</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Darlington SC</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Darlington SC</u>	
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>26</u> (Years)
(16) BIRTHPLACE <u>SC</u>		(17) BIRTHPLACE <u>SC</u>	
(18) OCCUPATION <u>Teacher</u>		(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>12</u>		(21) Number of children of this mother now living, including present birth <u>12</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature of Physician or Midwife <u>[Signature]</u>	(24) Address of Physician or Midwife <u>Darlington SC</u>
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Given name added from a subsequent report

(Signature of Witness necessary only when question 23 is signed)