

(1) PLACE OF BIRTH

County of Charleston  
 Township of James Island  
 Inc. Town of .....  
 City of .....

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

No. for State Registrar Only  
8200

Registration District No. 904 Registered No. 10  
 (For use of Local Registrar)

City of ..... (No. .... 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 Thomas Walton Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age Previous Marriages yes (6) DATE OF BIRTH Feb 19, 1923  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Tom Walton</u>	(14) NAME BEFORE MARRIAGE <u>Mrs. Richerson</u>	(10) PRESENT POSTOFFICE OF FATHER <u>R-1-C Charleston S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>R-1-C Charleston S.C.</u>
(12) COLOR OR RACE <u>Col-</u>	(18) AGE AT LAST BIRTHDAY (Years) .....	(16) BIRTHPLACE <u>James Island</u>	(18) AGE AT LAST BIRTHDAY (Years) .....
(12) BIRTHPLACE <u>James Island</u>	(16) OCCUPATION <u>Farmer hand</u>	(16) BIRTHPLACE <u>James Island</u>	(16) OCCUPATION <u>Farmer hand</u>
(20) Number of children born to mother, including present birth <u>6</u>	(21) Number of children of this mother now living, including present birth <u>6</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Maria Hamilton  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife R-1-C Charleston S.C.

Given name added from a supplemental report  
A. L. Welch Jr.  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Feb 8, 1923  
 (27) Filed Feb 8, 1923 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 stillborn before the fifth month of pregnancy.