

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. Town of Easley

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. 1a.—For State Registrar Only

8170

Registration District No. 27.2 Registered No. 34
(For use of Local Registrar)

(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 Ethellean Walker

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

(3) SEX OF CHILD (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Mar. 4, 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME L. Dana Walker
(9) PRESENT POSTOFFICE OF FATHER Easley, S. C.
(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Truck driverMOTHER.
(14) NAME BEFORE MARRIAGE Hattie Walker
(15) PRESENT POSTOFFICE OF MOTHER Easley
(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 28 (Year)
(18) BIRTHPLACE S. C.
(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 15 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Nancy Taylor
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Easley, S. C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by birth mother)

(27) Filed Mar. 9, 1923 (28) Local Registrar

When there was an 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.