

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Cross Keys
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

91855

Registration District No. 403

Registered No. 120
(For use of Local Registrar)

(2) Full Name of Child Lonnie Walden

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 13, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence Walden

(9) PRESENT POSTOFFICE OF FATHER Ermine, S.C.

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Ermine, S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Brown

(15) PRESENT POSTOFFICE OF MOTHER Ermine, S.C.

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE Waterloo, S.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Child... at 10 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. M. Allen

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Ermine, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 1, 1917

(28)

C. D. Hanna
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.

*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.