

(1) PLACE OF BIRTH

County of Bamberg
 Township of Buford Bridge

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.)

(2) Full Name of Child Don't know

File No.—For State Registrar Only

58639

Registered No. 66
 (For use of Local Registrar)

(3) BOY OR GIRL? girl(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? yes(7) DATE OF BIRTH Feb 20 1916

FATHER.

(8) FULL NAME William Spoon Walker(9) PRESENT POSTOFFICE OF FATHER Olac, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Bamberg Co(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Lula Adam(15) PRESENT POSTOFFICE OF MOTHER Olac, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Bamberg Co(19) OCCUPATION Farm Laborer(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. Manning Brabham(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Olac, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 6/12 1916 (28) H. J. Herndon 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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the

FORM NO. 4
 N. B.—In case of twins or triplets use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia