

(1) PLACE OF BIRTH

County of Greenwood

Township of

or
Inc. Town of

City of

(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

42820

Registration District No 2306 Registered No. 157
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Helena Jordan Walker (If child is not yet named, make supplemental report as directed)(3) ~~BOY OR~~ GIRL? (4) ~~Twin or Triplet~~ To be answered only in event of Twins or Triplets (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mr. James Walker(9) PRESENT POSTOFFICE OF FATHER Greenwood S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Barber Salesman(20) Number of children born to mother, including present birth 14th

MOTHER.

(14) NAME BEFORE MARRIAGE Mamie Tolson(15) PRESENT POSTOFFICE OF MOTHER Greenwood S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Berkson NC(19) OCCUPATION Assistent(21) Number of children of this mother now living, including present birth 14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. C. M. ... (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood 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 10 1923 (28) S. P. Brooks 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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