

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

43589

Registration District No.

Registered No. 41
(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

Eddie Mae Walker

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Dec. 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Minnie Walker

(9) PRESENT POSTOFFICE OF FATHER

Plum Branch

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Edgefield Co. S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Fannie Mae Harrison

(15) PRESENT POSTOFFICE OF MOTHER

Plum Branch

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

Edgefield Co. S.C.

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 5, 1922 (28) J. B. Adams
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.

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.

MEDICAL OF COLUMBIA, COLUMBIA, S. C.