

(1) PLACE OF BIRTH

County of Richland
 Township of Clinton
 or
 Inc. Town of _____
 or
 City of Clinton

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12591

Registration District No. 38aRegistered No. 33
(For use of Local Registrar)(No. Porter Allen 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

Bergard Walker

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH March 7, 1932
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME B. Walker(9) PRESENT POSTOFFICE OF FATHER B. Walker(10) COLOR OR RACE A(11) AGE AT LAST BIRTHDAY 27
(Year)(12) BIRTHPLACE Clinton S.C.(13) OCCUPATION Working

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

14 Children

MOTHER.

(14) NAME BEFORE MARRIAGE Lusie Mayers(15) PRESENT POSTOFFICE OF MOTHER B. Walker(16) COLOR OR RACE Calad(17) AGE AT LAST BIRTHDAY 27
(Year)(18) BIRTHPLACE Hopkins S.C.(19) OCCUPATION City work

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

14 Children

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 4:30 p.m.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) alme(24) State whether Physician or Midwife alme(25) Address of Physician or Midwife 19 E. Knowlton Ave.

Given name added from a supplemental report

(26) Witness

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

(27) Registrar

(28) 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 be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.