

Form No. 1

(1) PLACE OF BIRTH

County of HarryTownship of Little River

Inc. Town of

City of

(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 Walker Bueamy (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL

Boy

4) Twin or Triplet?

To be answered only in event of Twin or Triplet

5) Number in order of birth

6) Are Parents Married?

7) DATE OF BIRTH

Jan 27 1923
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME

John Bueamy

9) PRESENT POSTOFFICE OF FATHER

Wampsee S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

46
(Year)

(12) BIRTHPLACE

Harry Co S.C.

(13) OCCUPATION

Farmer

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

Four

(14) NAME BEFORE MARRIAGE

Georgia Bueamy

(15) PRESENT POSTOFFICE OF MOTHER

Wampsee S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

30
(Year)

(18) BIRTHPLACE

Harry Co S.C.

(19) OCCUPATION

Housewife

(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 8:44 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Wampsee 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

Dec 28 1923

(28)

W. McBarley
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3

Revised by Columbia, Columbia S. C.