

Form No. 1

(1) PLACE OF BIRTH

County of Wilkes
 Township of Wilkes
 or
 Inc. Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

36930

Registration District No. 200 Registered No. 34
 (For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 21 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Eddie Walker
 (9) PRESENT POSTOFFICE OF FATHER Wilkes, S.C. R#2
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 31
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Thessie Floyd
 (15) PRESENT POSTOFFICE OF MOTHER Wilkes, S.C. R#2
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 32
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farmer
 (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 alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hannetta Bryant(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Wilkes, S.C. R#5

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Nov. 25 1922

(28)

H. L. Ashburn 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.