

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

(1) PLACE OF BIRTH

County of Charleston
 Township of James Island
 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
607

Registration District No. 904 Registered No. 3
 (For use of Local Registrar)

(2) Full Name of Child Isaac Walker (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 5 22
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Allen Walker</u>	(14) NAME BEFORE MARRIAGE <u>Janis Brown</u>	(9) PRESENT POSTOFFICE OF FATHER <u>James Island S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>James Island S.C.</u>
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>Blk.</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>James Island S.C.</u>	(18) BIRTHPLACE <u>James Island S.C.</u>	(19) OCCUPATION <u>Farmer</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>3</u>	(22) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Rachel Seabrook (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

Elo R. Seabrook
 Local Registrar

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

(27) Filed Jan 15 1922 (28) R. T. Grimbale
 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.