

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Abbeville
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 100 Registered No. 39
 (For use of Local Registrar)

(2) Full Name of Child Willie 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 May 10, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Willie Walker</u>	(14) NAME BEFORE MARRIAGE <u>Mary Jackson</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Abbeville, S. C. R. 3 P.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville, S. C. R. 3 P.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>S. C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S. C.</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Willie Ann Childs
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Abbeville S. C. R. 3 P.

Given name added from a supplemental report
 (26) Witness J. E. Punsler (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed May 17, 1922 (28) J. E. Punsler 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.