

(1) PLACE OF BIRTH

County of AndersonTownship of Anderson

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child John Henry Walker

File No.—For State Registrar Only

4536

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

Feb. 12, 1923

(Name of Month) (Day) (Year)

FATHER.

1) FULL NAME

William Randolph Walker

2) PRESENT POSTOFFICE OF FATHER

Irving, S.C.

3) COLOR OR RACE

White

(4) AGE AT LAST BIRTHDAY

33

(Years)

4) BIRTHPLACE

S.C.

5) OCCUPATION

Farmer

6) Number of children born to mother

Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(22) (Signature)

Dr. J. H. Walker

(23) State whether Physician or Midwife

Physician

(24) Address of Physician or Midwife

Irving, S.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

(26) Filed

Feb. 12, 1923

(27) at

Spartanburg

(28) Local Registrar

J. H. Walker

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.

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