

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Charleston

(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. 97ARegistered No. 236

(For use of Local Registrar)

(2) Full Name of Child

Frank Walker(3) SEX OR
CHILD Boy(4) Type
or Free(5) Number in
order of birth 2(6) Are
Parents
Married yesIf child is not yet named, make
supplemental report as directedDATE OF
BIRTH Feb. 25, 1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Frank Walker(9) PRESENT
POSTOFFICE
OF FATHER Charleston S.C.(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 39(12) BIRTHPLACE Georgetown S.C.(13) OCCUPATION machinist(14) Number of children born to
mother, including present birth 11

MOTHER.

(15) NAME BEFORE
MARRIAGE Marie Drayton(16) PRESENT
POSTOFFICE
OF MOTHER Charleston S.C.(17) COLOR
OR
RACE Colored(18) AGE AT LAST
BIRTHDAY 29(19) BIRTHPLACE Georgetown S.C.(20) OCCUPATION house wife(21) Number of children of this mother
now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born at 10 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Linnie Lewis(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife 198 Reid StGiven name added from a supplementary
report

(26) Witness

(Signature of Witness necessary only
when question 22 is signed by mark)(27) Date 2/26/23

(Signature of Physician or Midwife)

When there was no attendance by a physician or midwife, the report is signed by the mother.
If a child branches over nine to be reported to the State Board of Health.