

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 1.

**(1) PLACE OF BIRTH**

County of Dillon  
Township of Hammond  
Inc. Town of Hammond  
City of Hammond (No. 255 St. 1023 Ward 1)  
(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

File No. — For State Registrar Only  
**19655**

Registration District No. 255 Registered No. 1023  
(For use of Local Registrar)

**(2) Full Name of Child** Ella Walker (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 10 1923</u> (Name of Month) (Day) (Year)
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<b>FATHER.</b>		<b>MOTHER.</b>	
(8) FULL NAME <u>Charlie Walker</u>	(14) NAME BEFORE MARRIAGE <u>Maggie Stead</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Bath SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Bath SC</u>
(10) COLOR OR RACE <u>colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>colored</u>	(17) AGE AT LAST BIRTHDAY <u>15</u> (Years)
(12) BIRTHPLACE <u>Aiken SC</u>	(18) OCCUPATION <u>Chalk Bed</u>	(13) BIRTHPLACE <u>Aiken SC</u>	(19) OCCUPATION <u>House Work</u>
(20) Number of children born to mother, including present birth <u>12</u>	(21) Number of children of this mother now living, including present birth <u>12</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mamie Kimp R. 4 Augusta  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta

Given name added from a supplemental report

(26) Witness Ella Walker, Florence Stead  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 1923 (28) 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.