

Form No. 1

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Orange  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

35994

Registration District No. 3.613 Registered No. 171  
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(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 Oct 30 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Sam Walker  
 (9) PRESENT POSTOFFICE OF FATHER Orangeburg SC  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23  
 (Year) (12) BIRTHPLACE Orangeburg, Co., S.C.  
 (13) OCCUPATION Farm

## MOTHER

(14) NAME BEFORE MARRIAGE Mary Freeman  
 (15) PRESENT POSTOFFICE OF MOTHER Orangeburg SC  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20  
 (Year) (18) BIRTHPLACE Orangeburg, Co., S.C.  
 (19) OCCUPATION Work on Farm

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11:30 A.M., on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)

(23) (Signature) Rosa Enalobann  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg SC

Given name added from a supplemental report

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

(27) Filed Oct 30 1922 (28) A. L. Farley 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.

N. B.—In case of TWINS OR TRIPLETS use a separate FIRST-BORN, No. 1. TILL OTHER, No. 2, etc., in question 1.

McGraw-Hill, Columbia, S. C.