

1. PLACE OF BIRTH
County of Barnwell
Township of _____
or
Inc. Town of _____
or
City of B

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. _____

FILE No.—For State Registrar Only

5949 A

Registered No. _____
(For use of Local Registrar)

(No. Barnwell Co. S.C. St., _____ Ward)

FULL NAME OF CHILD

Charlotte Walker

{ If child is not yet named, make supplemental report as directed.

Boy or Girl
girl

If Plural
births

4. Twin, triplet, or other _____
5. Number, in order of birth _____

6. Premature _____
Full term ☒

7. Are parents
married? yes

8. Date of birth March 23, 19 15
(Month, day, year)

Full
name

FATHER

Charles Walker

18. Full
maiden
name

MOTHER

Louise Nutto

9. Residence (usual place of abode)
(If nonresident, give place and State)

Charleston S.C.

19. Residence (usual place of abode)
(If non-resident, give place and State)

Berkley Co. S.C.

10. Color or race white

12. Age at last birthday 36 (Years)

20. Color or race white

21. Age at last birthday 29 (Years)

11. Birthplace (city or place)
(State or country)

England

22. Birthplace (city or place)
(State or country)

Barnwell Co. S.C.

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Lead Burner

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.

Housewife

15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.

Fert. Mill.

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.

at home

16. Date (month and year) last
engaged in this work

17. Total time (years)
spent in this work

25. Date (month and year) last
engaged in this work

26. Total time (years)
spent in this work

27. Number of children of this mother
(At time of this birth and including this child)

3

(a) Born alive and now living 3

(b) Born alive but now dead _____

(c) Stillborn _____

28. If stillborn,
period of gestation _____
months _____
weeks _____

29. Cause of stillbirth _____

Before labor _____
During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9 a. m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Give name added from
a supplemental report _____

(Date of)

Registrar.

(Signed)

Mary Thayer M. D.
attendant

Address

Charleston S.C.

Filed Nov. 4, 19 33

Martin B. Woodward M.D.
State Registrar (C)