

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

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
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, 1915 (Month, day, year)

FATHER
Full name Charles Walker

MOTHER
Full maiden name Louise Nutto

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

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

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. Sc.

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 _____ 19____

25. Date (month and year) last engaged in this work _____, 19____

OCCUPATION

17. Total time (years) spent in this work _____

26. Total time (years) spent in this work _____

18. If stillborn, period of gestation _____ { months _____ weeks _____ 29. Cause of stillbirth _____

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 _____

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.

(Signed) Mary Thentley M. D. attendant midwife

Give name added from a supplemental report _____ (Date of) _____

Address Charleston Sc. Filed Nov. 4, 1933 Martin B. Woodward M.D. Registrar. (C)

Registrar.