

(1) PLACE OF BIRTH

County of Lexington
Township of Cayce
or
Inc. Town of... Cayce
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

15780

Registration District No. 3/10

Registered No. 89

(For use of Local Registrar)

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

(2) Full Name of Child Louise Walker

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No
To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 7 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Cyrus Walker

(9) PRESENT POSTOFFICE OF FATHER Cayce, S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 23
(Year)

(12) BIRTHPLACE McCormick, S.C.

(13) OCCUPATION Quarry work

(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Estrlin Dickson

(15) PRESENT POSTOFFICE OF MOTHER Cayce, S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 20
(Year)

(18) BIRTHPLACE McCormick, S.C.

(19) OCCUPATION Housewife

(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 born born alive at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Eliza Holloway

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Cayce, S.C.

Given name added from supplemental report

(26) Witness

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

(27) Filed 1/10/22

1922

(28) E. C. L. Brown
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.