

(1) PLACE OF BIRTH

County of Colleton
 Township of Bro. Blom
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3806

Registration District No. 14.8.3 Registered No. 4
 (For use of Local Registrar)

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

(2) Full Name of Child Persie Walker

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

3 BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 1 22
 (Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Henry Walker
 9 PRESENT POSTOFFICE OF FATHER Lodge S.C.
 10 COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40
 12 BIRTHPLACE S.C.
 13 OCCUPATION Farming
 20 Number of children born to mother, including present birth 17

MOTHER.

(14) NAME BEFORE MARRIAGE Colie Henderson
 (15) PRESENT POSTOFFICE OF MOTHER Lodge S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION House work
 (21) Number of children of this mother now living, including present birth 17

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lady Johnson
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lodge S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb 5 19 22 (28) Mrs. D. W. Bradley
 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.

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