

Form No. 1

(1) PLACE OF BIRTH

County of Abbeville
 Township of Abbeville
 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
40524

Registration District No. 105 Registered No. 61
 (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 Laurence Eugene 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 6th (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 8 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Laurence Eugene Walker
 (9) PRESENT POSTOFFICE OF FATHER Homer Peth SC R.D.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Anderson Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Lois Lucile Low
 (15) PRESENT POSTOFFICE OF MOTHER Homer Peth R.D.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Anderson Co
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 2, Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 10 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) R. H. Carson M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

12-11-40
Martin B. Woodward, M.D.
 Assistant State Registrar

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

(27) Filed Dec 20 1922 (28) Sanford Humphreys
 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.