

16 093444

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

1. PLACE OF BIRTH
 County of Call Star
 Township of Smocks, S.C.
 or
 Inc. Town of _____
 or
 City of Smocks, D.C. (No. _____ St.; _____ Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
Bureau of Vital StatisticsState Board of Health
Registration District No. 1410

FILE No.—For State Registrar Only

00167

Registered No. _____
(For use of Local Registrar)2. FULL NAME OF CHILD Edie Walker (If child is not yet named, make supplemental report as directed.)

| | | | | | | |
|--|--|---------------------------------|-----------------------------------|---|---|--|
| 3. Boy or Girl <u>Boy</u> | If Plural birth | 4. Twin, triplet, or other..... | 5. Number, in order of birth..... | 6. Premature..... | 7. Are Parents Full term? <u>yes</u> Married? <u>yes</u> | 8. Date of birth <u>April 15, 1916</u> (Month, day, year) |
| 9. Full name <u>South Walker</u> FATHER | | | | 18. Full maiden name <u>Victoria Daniels</u> MOTHER | | |
| 10. Residence (usual place of abode) (If non-resident, give place and State) <u>Smocks, D.C.</u> | | | | 19. Residence (usual place of abode) (If non-resident, give place and State) <u>Smocks, D.C.</u> | | |
| 11. Color or race <u>negro</u> | 12. Age at last birthday <u>34</u> (Years) | | 20. Color or race..... | | 21. Age at last birthday <u>35</u> (Years) | |
| 13. Birthplace (city or place) (State or country) <u>Smocks, D.C.</u> | | | | 22. Birthplace (city or place) (State or country) <u>Smocks, D.C.</u> | | |
| 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>farmer</u> | | | | 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>housekeeping</u> | | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | | | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. | | |
| 16. Date (month and year) last engaged in this work 19..... | | | | 17. Total time (years) spent in this work <u>lifetime</u> | | 25. Date (month and year) last engaged in this work 19..... |
| 26. Total time (years) spent in this work <u>lifetime</u> | | | | | | |
| 27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>10</u> (b) Born alive but now dead <u>3</u> (c) Stillborn..... | | | | | | |
| 28. If stillborn, period of gestation..... (months weeks) | | | | 29. Cause of stillbirth..... | | |
| | | | | Before labor..... | | |
| | | | | During labor..... | | |

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Aline at 9:30 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) _____, M.D.

or Harriet Henderson, MidwifeAddress Smocks, D.C.Filed March 5, 1916 M. B. Woodward, M. D.

Registrar.

Registrar.