

(1) PLACE OF BIRTH

County of E. Charleston
 Township of Swygatch
 or
 Inc. Town of.....
 or
 City of

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

No. for State Registrar Only
39890

Registration District No. 1071

Registered No. 48
 (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 Walter Walker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ✓ (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 23, 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Henry Walker
 (9) PRESENT RESIDENCE OF FATHER Charleston
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Mount Clear
 (13) OCCUPATION farmer
 (14) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Lucian Lide
 (15) PRESENT RESIDENCE OF MOTHER Charleston
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Mount Clear
 (19) OCCUPATION Home keeping
 (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.....
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dianah Barnes
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Charleston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed) E. E. Carey

(27) Filed Jan 23, 23 (28) E. E. Carey 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.