

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
M. 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.

## (1) PLACE OF BIRTH

County of Kershaw

Township of .....

OR  
Inc. Town of .....OR  
City of .....

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

(2) Full Name of Child Sarah Katherine 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  
To be answered only in case of Twin or Triplet(6) Are Parents Married? yes(7) DATE OF BIRTH 10-19-1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME  Sidney O. Walker(9) PRESENT POSTOFFICE OF FATHER Columbia, S. C.(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 30  
(Year)(12) BIRTHPLACE Columbia, S. C.(13) OCCUPATION Cotton Picker(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Elabys Holt(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 28  
(Year)(18) BIRTHPLACE Columbia, S. C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 10-31-1914

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.

\*When there was  
If a child breathes even once