

MARGIN RESERVED FOR BINDING.  
 WHERE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANK, FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MODEL OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Bamberg  
 Township of Bamberg  
 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

88372

Registration District No. 400

Registered No. 1851  
 (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 Ernie D. Walker

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 5 1916  
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Harvey Walker  
 (9) PRESENT POSTOFFICE OF FATHER Bamberg  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)  
 (12) BIRTHPLACE Bamberg County  
 (13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Dotsy Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Bamberg  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Bamberg County  
 (19) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 2

(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 Born alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) M. A. Handy

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bamberg

Given name added from a supplemental report

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

(27) Filed 12/13 1916 (28) John Cooney 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.