

Form No. 1

(1) PLACE OF BIRTH

County of EdgefieldTownship of Pharror
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

17513

Registration District No. Registered No. 21
(For use of Local Registrar)(2) Full Name of Child Randee 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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Landis Walker(9) PRESENT POSTOFFICE OF FATHER Canton S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Edgefield Co.(13) OCCUPATION Farmer, land(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Anna, nee Walker(15) PRESENT POSTOFFICE OF MOTHER Canton S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Edgefield Co.(19) OCCUPATION Housewife(20) 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 at M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Randee Walker (24) Address of Physician or Midwife Canton S.C.(25) State whether, Physician or Midwife Midwife

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 7, 1923 (28) R. V. Shuck 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.