

## (1) PLACE OF BIRTH

County of

Marion

Township of

Powell

Inc. Town of

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

15901

Registration District No. 3206

Registered No. 14

(For use of Local Registrar)

## (2) Full Name of Child

Fanny Walker

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

(Name) (Month) (Day) (Year)

May 17 77

## FATHER.

(8) FULL NAME

A. J. Walker

(9) PRESENT POSTOFFICE OF FATHER

Gresham P.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

35

(12) BIRTHPLACE

Georgetown Co. S.C.

(13) OCCUPATION

Wood Cutter

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Fanny Brown

(15) PRESENT POSTOFFICE OF MOTHER

Gresham P.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Georgetown Co. S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child who was alive at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Eliza Davis

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife Gresham P.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date

June 6, 1877

(28)

J. M. Cartwright

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.