

(1) PLACE OF BIRTH

County of *Oconee, Ga.*Township of *Southland*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. *29639* - For State Registrar Only

29639

Registration District No. *2607*Registered No. *76*

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child *Chloe S. 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 Twin or Triplet

(5) Number in order of birth *-*(6) Are Parents Married *yes*(7) DATE OF BIRTH *Sept 27, 23*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Rayson B. Walker*(9) PRESENT POSTOFFICE OF FATHER *Springfield S.C.*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *24*

(Years)

(12) BIRTHPLACE *S.C.*(13) OCCUPATION *tenant farmer*(14) Number of children born to mother, including present birth *1, 2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *12:20 P.M.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *D. A. Phillips*(24) State whether Physician or Midwife *Physician*(25) Address of Physician or Midwife *Springfield, S.C.*

Given name added from a supplemental report

Janice S. Sorey
Dec. 18, 1923

(26) Witness

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

(27) Filed *Sept 23*(28) *S. M. Lammert*

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.