

(1) PLACE OF BIRTH

County of York
 Township of York
 or
 Inc. Town of York
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA,
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
32690

Registration District No. 1448 Registered No. 72
 (For use of Local Registrar)

(2) Full Name of Child James Herman 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 Sept. 5 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME James Walker
 (9) PRESENT POSTOFFICE OF FATHER York S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farm Laborer

MOTHER.
 (14) NAME BEFORE MARRIAGE Viola Brice
 (15) PRESENT POSTOFFICE OF MOTHER York
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth Two (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child who was alive at 2:30 P.M. on the date above stated. (Born alive or stillborn) (Hour, M., or P.M.)

(23) (Signature) W.C. Whelan (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife York S.C.

Given name added from a supplemental report

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

(27) Filed Oct. 9 1922 (28) Francis J. Perry 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.

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