

Form No. 1.

(1) PLACE OF BIRTH

County of Richland

Township of .....

or  
Inc. Town of .....or  
City of Columbia

(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

91547

Registration District No. 38ARegistered No. 1620  
(For use of Local Registrar)St.; 3 Ward

(2) Full Name of Child

Louise Walker

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

(3) BOY OR GIRL? G(4) Twin or Triplet? No(5) Number in order of birth 2(6) Are Parents Married? Yes(7) DATE OF BIRTH 12 17 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Chas J Walker

(9) PRESENT POSTOFFICE OF FATHER

Columbia SC

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Section Foreman

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lida Good

(15) PRESENT POSTOFFICE OF MOTHER

Columbia SC

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature)

M. D. Daise

(24) State whether Physician or Midwife

M.D.

(25) Address of Physician or Midwife

Columbia SC

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 1/12/17

(28)

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.

MARGIN RESERVED FOR FILING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.