

Form No. 1

(1) PLACE OF BIRTH

County of CalhounTownship of Orangeburg

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3620Registered No. 28  
(For use of Local Registrar)

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

(2) Full Name of Child Julia Walley

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

(3) SEX OR CHILD <u>girl</u>	(4) Type or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Twin Marked <u>yes</u>	(7) DATE OF BIRTH <u>March 27, 1923</u> (Name of Month) (Day) (Year)
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## FATHER

(8) FULL  
NAME James Walley(9) PRESENT  
RESIDENCE  
OF FATHER Orangeburg(10) COLOR  
OR  
RACE Colord (11) AGE AT  
LAST  
BIRTHDAY 32  
(Year)(12) BIRTHPLACE  
Calhoun County(13) OCCUPATION  
far ming(14) Number of children born to  
mother, including present birth Nine

## MOTHER

(14) NAME BEFORE  
MARRIAGE Julia Amiker(15) PRESENT  
RESIDENCE  
OF MOTHER Orangeburg(16) COLOR  
OR  
RACE colord (17) AGE AT LAST  
BIRTHDAY 32  
(Year)(18) BIRTHPLACE  
Calhoun County(19) OCCUPATION  
House Keeping(21) Number of children of this mother  
now living, including present birth Eight

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:00 P.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Dash(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Orangeburg SCGiven name added from a supplement-  
al report(26) Witness  
(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 5-2-23 (28) W. H. Dulles  
Local RegistrarWhen 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.