

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 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
551

Registration District No. 9A Registered No. 132
 (For use of Local Registrar)
 (No. 182 Smith St.; Ward)

(2) Full Name of Child Willie Bell Walker if child is not yet named, make supplemental report as directed

3) JOY OR GIRL? G 4) Twin or Triplet? X 5) Member in order of birth X 6) Are Parents Married? ye 7) DATE OF BIRTH Jan. 28 1922
(Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Anthony C. Walker
 9) PRESENT POSTOFFICE OF FATHER 182 Smith
 10) COLOR OR RACE C 11) AGE AT LAST BIRTHDAY 43
(Year)
 12) BIRTHPLACE Charleston
 13) OCCUPATION Chauffeur
 20) Number of children born to mother, including present birth 3

MOTHER.
 14) NAME BEFORE MARRIAGE Lily McBride
 15) PRESENT POSTOFFICE OF MOTHER 182 Smith
 16) COLOR OR RACE C 17) AGE AT LAST BIRTHDAY 20
(Year)
 18) BIRTHPLACE Charleston
 19) OCCUPATION domestic
 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 Rosa Alice at 182 St., on the date above stated. Charleston (Hour P. M. or P. M.)
(Born alive or stillborn.)

(23) (Signature) Julie Robinson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife 52 Calhoun

(Given name added from a supplemental report)

 19

(26) Witness (Signature of Witness necessary only when question 23 is signed)
W. H. Green Jr.
 (27) Filed 2-1 19 22 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 BINDING
 WRITE PLAINLY WITH UNFADING INK IN A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS, MAKE SEPARATE REPORT FOR EACH CHILD, AND MARK PRINTED IN NO. 1, "THE OTHER," NO. 2, "3," in question 5.
 FORM 2-3
 MADE IN COLUMBIA, S. CAROLINA, U. S. A.