

(1) PLACE OF BIRTH

County of GerrillTownship ofor
Inc. Town ofor
City of

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

(2) Full Name of Child Mary Walker

File No. — For State Registrar Only

42712

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2299Registered No. 436

(For use of Local Registrar)

(No. St.; Ward)

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 29, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Sam Walker(9) PRESENT POSTOFFICE OF FATHER Gerrill SC(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE NC.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Squella Walker(15) PRESENT POSTOFFICE OF MOTHER Gerrill SC(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE GA(19) OCCUPATION Teacher(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 plus at 8 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Geo. J. Walker(24) State whether Physician or Midwife MD.(25) Address of Physician or Midwife Gerrill

Given name added from a supplemental report

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

Dec 30, 1922

(27) Registrar

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 stillbirth before the fifth month of pregnancy.