

FORM NO. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of

or

City of Piedmont

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

(2) Full Name of Child Raymond Edward Walker

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

49886

Registration District No. 2209Registered No. 105

(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? X

(5) Number in order of birth

(6) Are Parents Married? X(7) DATE OF BIRTH Feb. 7, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James O. Walker(9) PRESENT POSTOFFICE OF FATHER Greenville S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39

(Years)

(12) BIRTHPLACE North Carolina(13) OCCUPATION Mill Man.(14) Number of children born to mother, including present birth four (4)

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Minnie Warren(15) PRESENT POSTOFFICE OF MOTHER Greenville S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 34

(Years)

(18) BIRTHPLACE Spartanburg S.C.(19) OCCUPATION Domestic Affairs(20) Number of children of this mother now living, including present birth four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated.

(Born alive or stillborn) (Hour) (Day) (Month) (Year)

(23) (Signature) J. B. Seelbether

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville

(26) Witness

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

(27) Mar. 7, 1916 (28) J. B. Seelbether

Local Registrar

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

McCall of Columbia

Given name added from a supplemental report

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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.