

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

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

File No.—For State Registrar Only

27837

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40-a Registered No. 369

(For use of Local Registrar)

(No. St. Ward)

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

3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

—

(5) Number in order of birth

—

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

April 18, 1922

(Name of Month) (Day) (Year)

8) FULL NAME

J. O. Walker

9) PRESENT POSTOFFICE OF FATHER

380 Marion Ave

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

O.C.

(13) OCCUPATION

Mechanic

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

{

MOTHER.

(14) NAME BEFORE MARRIAGE

Nellie Burnett

(15) PRESENT POSTOFFICE OF MOTHER

380 Marion Ave

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

P.C.

(19) OCCUPATION

Housewife

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

{

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Dead on the date above stated.

at 11:30 PM. May 17

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Fort Mifflin

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9-1-22

(28)

Jas. Copes

Local Registrar.

19 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.

before the fifth month of pregnancy.

before the fifth month of pregnancy.