Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 35189

(1) PLACE OF BIRTH

County of Lancaster

Township of Cleveland Hill

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

Registration District No. 2806 Registered No. 137 (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 Elvira Bumilla Walker (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth — To be answered only in event of Twins or Triplets (6) Are Parents Married? yes (7) DATE OF BIRTH Oct. 8 1922 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Eddie Walker	(14) NAME BEFORE MARRIAGE Edith Powe
(9) PRESENT POSTOFFICE OF FATHER Heath Springs SC	(15) PRESENT POSTOFFICE OF MOTHER Heath Springs SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)	(16) COLOR OR RACE Mulatto (17) AGE AT LAST BIRTHDAY 21 (Years)
(12) BIRTHPLACE Lancaster Co	(18) BIRTHPLACE Chesterfield Co
(13) OCCUPATION Clerical	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth one	(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. A. Rudolph MD

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

Given name added from a supplemental report

..... 19 .... Registrar

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

(27) Filed Oct. 9 1922 (28) E. J. Bennett 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.

WHITE PLANK, WITH UNFAMILIAR LINE—THE 18 A FEMALE PRINTED. IF A BABY OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, in order of FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

MARGIN RESERVED FOR BINDING.

BUREAU OF COLUMBIA, COLUMBIA, S. C.