

(1) PLACE OF BIRTH

County of Attala
Township of Millett
or
Inc. Town of.....
or
City of.....

CERTIFICATE OF BIRTH

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

REGISTRATION NO. 2722

Registration District No. H. 1011 Registered No. 6
(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 Ida Walker If child is not yet named, make appropriate report as directed

(3) SEX OF CHILD Boy (4) Type or Figure Full term (5) Number in order of birth 1st (6) Date of Birth Feb 19 1923

FATHER		MOTHER	
(10) Full Name	<u>Sam Walker</u>	(10) Name before marriage	<u>Daisy Barnes</u>
(11) Present residence of father	<u>Millettville, S.C.</u>	(11) Present residence of mother	<u>Millettville, S.C.</u>
(12) Color of skin	<u>White</u>	(12) Color of skin	<u>White</u>
(13) Birthplace	<u>South Car</u>	(13) Birthplace	<u>South Car</u>
(14) Occupation	<u>Farming</u>	(14) Occupation	<u>House Wife</u>
(15) Number of children born to mother, including present birth	<u>1</u>	(15) Number of children of the mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(16) I hereby certify that I attended the birth of this child, who was Alive at 7 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(17) (Signature) Lillie Hazel (18) State whether Physician or Midwife Midwife (19) Address of Physician or Midwife Millettville, S.C.

Given name added from a supplemental report W. J. J. Williams
Date Feb 27 1923
(20) Witness (Signature of Witness necessary only when question 16 is signed by male) J. A. Ramey
(21) Filed Feb 27 1923 (22) Local Registrar

When there was an 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.