

MARGIN RESERVED FOR BINDING.
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 FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH

County of Spartanburg
Township of Dade
OF
Inc. Town of
OF
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

4398

Registration District No. 290 Registered No. 16
(For use of Local Registrar)

(2) Full Name of Child Mollie Walker (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 4 (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 28, 1908
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clyde Walker
(9) PRESENT POSTOFFICE OF FATHER Dwight S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 36 (Year)
(12) BIRTHPLACE Waterloo
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lizzie Candell
(15) PRESENT POSTOFFICE OF MOTHER Dwight
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 28 (Year)
(18) BIRTHPLACE Pa
(19) OCCUPATION Housework

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 5.30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. Jackson (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dwight

(Given name added from a supplemental report)

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

(27) Filed Mar 1, 1908 (28) W.C. Mahon 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.