

(1) PLACE OF BIRTH

County of CitkenTownship of Citkenor
Inc. Town of _____or
City of _____

(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

20684

Registration District No. 200 Registered No. 19
(For use of Local Registrar)(2) Full Name of Child Ruthelma Walker { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 31st 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur Walker(9) PRESENT POSTOFFICE OF FATHER Citken(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Beaverdam Sec(13) OCCUPATION Farming(14) Number of children born to mother, including present birth two (2)

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Anna Keader(15) PRESENT POSTOFFICE OF MOTHER Citken S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Beaverdam Sec(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at twelve o'clock on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ruthella Sparr

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

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Aug 5 22 (28) W. Ashurst 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.

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