

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3004

File No. For State Registrar Only

8288

Registered No. 7

(For use of Local Registrar)

St. Ward

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

(2) Full Name of Child

Rob. Walker

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

One

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 7, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rude. Walker.

(9) PRESENT POSTOFFICE OF FATHER

Camden S.C.

(10) COLOR OR RACE

Neg

(11) AGE AT LAST BIRTHDAY

45

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Jones

(15) PRESENT POSTOFFICE OF MOTHER

Camden S.C.

(16) COLOR OR RACE

Neg

(17) AGE AT LAST BIRTHDAY

45

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

at 2 P.M.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Sarah Hattiesley

(24) State whether Physician or Midwife

(25) Address of the

Midwife

Rumbert S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Feb 18, 1922

(28) 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.