

Form No. 1

## (1) PLACE OF BIRTH

County of BambergTownship of 3 mile

or

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

48102

Registration District No. 404 Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child Dammund Walker

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

(3) BOY OR GIRL?

Boy(4) ~~Single~~ or Triplet?(5) Number in order of birth 2

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb. 211916

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

George Walker

(9) PRESENT POSTOFFICE OF FATHER

Charlottesville S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Bamberg Co. S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Donie Charlton

(15) PRESENT POSTOFFICE OF MOTHER

Charlottesville S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

Colleton Co. S.C.

(19) OCCUPATION

Farmer Laborer

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at 3 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Johnson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeCharlottesville S.C.

Given name added from a supplemental report

9/10 1916Cheney

Registrar

(26) Witness

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

(27) Filed Feb. 26 1916

(28)

G. J. Henderson

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.

M. 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 5.