

Form No. 1

## (1) PLACE OF BIRTH

County of BarnwellTownship of Irish Fork

or

Inc. Town of .....

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

17602

Registration District No. 402Registered No. 36

(For use of Local Registrar)

(No. ....

St.; ....

Ward)

If child is born in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Bryziah Walker

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

3 SEX OF CHILD Girl

4 Twin or Triplet?

5 Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 6-17 1922  
(Name of Month) (Day) (Year)

## FATHER.

8 FULL NAME Bryziah Walker9 PRESENT POSTOFFICE OF FATHER Branchville SC10 COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 30  
(Years)12 BIRTHPLACE Branchville SC13 OCCUPATION housewife20 Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Maryand-Elsey(15) PRESENT POSTOFFICE OF MOTHER Branchville(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE Branchville SC(19) OCCUPATION domestic(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... Blair ...at... 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hayes Gold(24) State whether Physician or Midwife midwife(25) Address of Physician or Midwife Branchville

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed 6/17 1922(28) J. C. Imhoff 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.