

(1) PLACE OF BIRTH

County of AndersonTownship of Hall

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

37162

Registration District No. 306Registered No. 116
(For use of Local Registrar)

(No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Estleen Walker

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH Nov 8 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Feaster Walker

(9) PRESENT POSTOFFICE OF FATHER

Ira(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 19
(Years)

(12) BIRTHPLACE

Anderson

(13) OCCUPATION

Farming

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Ethel Hall

(15) PRESENT POSTOFFICE OF MOTHER

Ira(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

Anderson

(19) OCCUPATION

Housewife

(20) 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 6 P. M.,
on the date above stated. (If born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Feaster Walker(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Ira

Given name added from a supplemental report

(26) Witness

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

(27) Filed Nov 13 22

(28)

S M McAlister
Local Registrar19
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.