

Form No. 1

(1) PLACE OF BIRTH

County of Riker  
Township of Wards  
or  
Inc. Town of.....  
or  
City of.....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. 23072

Registration District No. 914... Registered No. 1...  
(For use of Local Registrar)

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

(2) Full Name of Child Charlie D. Walling If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type or Triple No (5) Number in order of birth 1 (6) Date of Birth Feb 1 23  
(Name of Month) (Day) (Year)

**FATHER.**  
(7) NAME Harmon H. Walling  
(8) PRESENT RESIDENCE OF FATHER Ridge Springs, S.C.  
(9) COLOR OR RACE White (10) AGE AT LAST BIRTHDAY 38  
(11) BIRTHPLACE Riker Co S.C.  
(12) OCCUPATION Farmer  
(13) Number of children born to mother, including present birth 4

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Lettie Jordan  
(15) PRESENT RESIDENCE OF MOTHER Ridge Springs, S.C.  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
(18) BIRTHPLACE Riker Co S.C.  
(19) OCCUPATION House wife  
(20) Number of children of this mother now living, including present birth 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(21) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) W. G. ...  
(23) State whether Physician or Midwife Physician (24) Address of Physician or Midwife Ridge Springs, S.C.

(25) Witness Mrs. C. B. ... (Signature of Witness necessary only when question 22 is signed by mother)  
(26) Local Registrar W. G. ...  
(27) Date Feb 10 23

\*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.