

(1) PLACE OF BIRTH

County of Hampton & S.C.
Township of Tawtow
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.)

(2) Full Name of Child Jesse Walker

(3) BOY OR GIRL boy

(4) Twin or Triplet?

(5) Number in order of birth 1

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 17, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Demon Walker

(9) PRESENT POSTOFFICE OF FATHER Scotia & S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 22

(12) BIRTHPLACE Barnville & S.C.

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura C. George

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Mr. L. T. Johnson

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

(27) Filed 7-31-16

(28) Local Registrar H. H. Ellis

* N. B.—In cases of TWINS OR TRIPLETS, give a SEPARATE REPORT FOR EACH CHILD.
FIRST BORN, NO. 1, THIRTY-THREE, ETC., etc.
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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.