

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. - For State Registrar Only
42602

County of Greenville
Township of Greenville
or
Inc. Town of City, Van
OF
City of

Registration District No. 22A Registered No. 673
(For use of Local Registrar)
(No. 117 Parker St. 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 Not named (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 12 29 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W F Walker

(9) PRESENT POSTOFFICE OF FATHER Greenville SC

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39
(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Room Officer

(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Louise Westbrook

(15) PRESENT POSTOFFICE OF MOTHER Greenville SC

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 37
(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Greenville SC

Given name added from a supplemental report

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

(27) Filed Jan 11 1923 (28) C. E. Smith
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.