

Form No. 1

(1) PLACE OF BIRTH

County of Keeshaw  
 Township of .....  
 or  
 Inc. Town of Hamden  
 or  
 City of .....

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

File No. — For State Registrar Only  
**30809**

Registration District No. 27-a Registered No. 61  
 (For use of Local Registrar)

(2) Full Name of Child Charlotte Walker

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

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

FATHER:  
 (8) FULL NAME Spencer Walker  
 (9) PRESENT POSTOFFICE OF FATHER Camden  
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 32  
 (Year)  
 (12) BIRTHPLACE Ab  
 (13) OCCUPATION Laborer

MOTHER:  
 (14) NAME BEFORE MARRIAGE Sylvia Bolin  
 (15) PRESENT POSTOFFICE OF MOTHER Camden  
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30  
 (Year)  
 (18) BIRTHPLACE Ab  
 (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2

(21) 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 born alive 6 a  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elvira Ross  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Date sep 16, 22 (28) T. G. Wilson  
 Registrar 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 stillborns before the fifth month of pregnancy.

WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MACOM OF COLUMBIA, COLUMBIA, S. C.