

REPLACE WITH UPDATING LINK—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.

(1) PLACE OF BIRTH

County of Abbeville
Township of Magruder
OR
Inc. Town of.....
OR
City of

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

Registration District No. 109 Registered No. 46
(For use of Local Registrar)

File No.—For State Registrar Only
17311

(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 Jani Walker {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jane 15 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME John C. Walker
(9) PRESENT POSTOFFICE OF FATHER Calhoun Falls, S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24
(Years)
(12) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Ella White
(15) PRESENT POSTOFFICE OF MOTHER Calhoun Falls, S.C.
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 20
(Years)
(18) BIRTHPLACE Abbeville Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... alive... at 11... P.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amanda Harton
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Calhoun Falls

Given name added from a supplemental report

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

..... 19 ..
Registrar

(27) Filed Jane 15 1922 (28) File Name
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.