

N.B.—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 2.

(1) PLACE OF BIRTH

County of Jefferson  
Township of Richland

Inc. Town of  
or  
City of

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

File No.—For State Registrar Only  
**42842**

Registration District No. 4008 Registered No. 346  
(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. Joseph W. Walker If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1 29 24</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Joseph Walker

(9) PRESENT POSTOFFICE OF FATHER 7 Jefferson St. C. #1

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Insult agent Southern Office

(14) Number of children born to mother, including present birth one

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Kate Murchison

(15) PRESENT POSTOFFICE OF MOTHER 7 Jefferson St. C. #1

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 36 (Years)

(18) BIRTHPLACE Birmingham Ala

(19) OCCUPATION Washer

(20) Number of children of this mother now living, including present birth one

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was born at 9 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. S. Lancaster M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Spokane Washington

Given name added from a supplemental report

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

(27) Filed 1-1-101 24 (28) Mrs. E. J. Parson  
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.

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