

(1) PLACE OF BIRTH

County of SumnerTownship of Jackor
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
90621

Registration District No. 290B Registered No. 6-6

(For use of Local Registrar)

(2) Full Name of Child Lincy Mae Walsh { 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 June 11, 1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Johnnie Walk(9) PRESENT POSTOFFICE OF FATHER Sumner S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 4 }

MOTHER.

(14) NAME BEFORE MARRIAGE Lydia Duncan(15) PRESENT POSTOFFICE OF MOTHER Sumner(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Nurse(21) Number of children of this mother now living, including present birth { 4 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Harriet Blain

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Sumner

Given name added from a supplemental report

(26) Witness P. H. Capeland (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 4, 1917 (28) D. W. Capeland 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.

Before the fifth month of pregnancy

NO RETURN OF THIS FORM REQUIRED UNLESS THE REGISTRAR REQUESTS IT. SEE INSTRUCTIONS TO REGISTRARS, PAGE 2, OF THE REGISTRATION, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 5.

