

(1) PLACE OF BIRTH

County of Perman  
Township of Jacks  
or  
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  
**90621**

Registration District No. 790B Registered No. 5-6  
(For use of Local Registrar)

(2) Full Name of Child Lucy Mae Walsh { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 11, 1917  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Johnnie Walk  
(9) PRESENT POSTOFFICE OF FATHER Perman 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 Perman  
(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) Harrist Bland  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Perman

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(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.

NEVER WRITE IN THESE SPACES OR OVER THE LINES. USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE PRESENT-CHILD, NO. 1. THIRD OFFICER, NO. 2, ETC., IN QUESTION 5.

