

FORM NO. 2

## (1) PLACE OF BIRTH

County of CharlestonTownship of Jas. Isld.or  
Inc. Town ofCity of Charleston, S.C.

(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

88838

Registration District No. 904 Registered No. 115

(For use of Local Registrar)

(2) Full Name of Child Willie Walton

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Dec. 13, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Thomas Walton

(9) PRESENT POSTOFFICE OF FATHER

James Island

(10) COLOR OR RACE

colored(11) AGE AT LAST BIRTHDAY 45

(Years)

(12) BIRTHPLACE

James Island, S.C.

(13) OCCUPATION

Farmer

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

13

## MOTHER.

(14) NAME BEFORE MARRIAGE

Adaline Ford

(15) PRESENT POSTOFFICE OF MOTHER

James Island

(16) COLOR OR RACE

colored(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE

James Island

(19) OCCUPATION

House wife

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Fanny Washington

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

James Island, S.C.

Given name added from a supplemental report

191

J. C. Welch

Registrar

(26) Witness

Mrs. T. C. Welch

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

(27) Filed

Dec 30, 1916

(28)

Leah Seabrook

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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 5.

McCauley of Columbia