

## (1) PLACE OF BIRTH

County of Charleston S.C.  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston S.C.

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

25182 1246

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

(No. 17 Spartan 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 Laura Ida Louise Walker 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 Aug 15 1922  
 To be answered only in event of Twins or Triplets (Name of Month Day Year)

## FATHER.

## MOTHER.

(8) FULL NAME Henry Lee Walker

(14) NAME BEFORE MARRIAGE Laura Gadsden

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 37 (Years)

(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Summerville S.C.

(18) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Painter

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4

(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 ..... at ..... M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Helfine Pinkney

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
2214 100th St

Given name added from a supplemental report

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

(27) Filed 9/1 19 22 (28) Recd. Gen. H. 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.

If a child breathes even once before the fifth month of pregnancy.