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U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Edgefield

Township of

or
Inc. Town of Johnston, SC

or
City of

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

Standard Certificate of Birth

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

Registration District No. 1811

FILE No.—For State Registrar Only

Registered No.
(For use of Local Registrar)

2. FULL NAME OF CHILD Nathan Walker, Jr. { If child is not yet named, make supplemental report as directed.

3. Boy or Girl Boy If Plural Births 4. Twin, triplet or other..... 5. Number, in order of birth.....
6. Premature..... Full term Y.N.S. 7. Are Parents Married? yes 8. Date of birth Jan. 20, 1946
(Month, day, year)

9. Full name Nathan Walker Sr. FATHER 18. Name before marriage Mulla G. Mobley MOTHER

10. Residence (mailing address) Johnston, S.C. 19. Residence (mailing address) Johnston, S.C.
(If non-resident, give place and State)

11. Color or race Negro 12. Age at child's birth 28 (years) 20. Color or race Negro 21. Age at child's birth 24 (years)

13. Birthplace (city or place) South Carolina 22. Birthplace (city or place) South Carolina
(State or country)

OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Teacher OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
16. Date (month and year) last engaged in this work 19..... 17. Total time (years) spent in this work 25. Date (month and year) last engaged in this work 19..... 26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... 5 (b) Born alive but now dead..... 5 (c) Stillborn.....

28. If stillborn, period of gestation..... (months) weeks 29. Cause of stillbirth..... (Before labor) (During labor)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 6:00p. m. on the date above stated.
(Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

(Signed) Lula S Walker Parent

or....., Guardian

Given name added from a supplementary report.....
(Date of)

Address.....

Filed 9-29, 1949 Thos. P. Lesesne
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.
(See instructions on Back of Certificate.)