

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 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 4.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1—For State Register	
County of <u>Chester S.C.</u>		STATE OF SOUTH CAROLINA		3368	
Township of <u>Chester</u>		Bureau of Vital Statistics			
Inc. Town of <u>Louisville</u>		State Board of Health			
City of		Registration District No. <u>1102</u>		Registered No. <u>9</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				(For use of Local Registrar)	
(2) Full Name of Child <u>Robert Walker</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 15 1923</u>	
To be covered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Lewis Walker</u>	(14) NAME BEFORE MARRIAGE <u>Lusael Heath</u>				
(9) PRESENT RESIDENCE OF FATHER <u>Chester S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Chester S.C.</u>				
(10) COLOR <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u>	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u>		
(12) BIRTHPLACE <u>Chester County</u>	(18) BIRTHPLACE <u>Chester County</u>				
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Farming</u>				
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> (Born alive or stillborn) (Mark A. M. or P. M.)					
(23) on the date above stated.					
(24) (Signature) <u>Mary X Heath</u>		(25) Address of Physician or Midwife <u>Chester S.C.</u>			
(26) State whether <u>Midwife</u>					
Given name added from a supplemental report		(27) Witness <u>Marie Heath</u>			
		(28) (Signature of Witness necessary only when question 23 is signed by mark) <u>[Signature]</u>			
		(29) Filed <u>2-23</u> 19 <u>23</u> (30) <u>[Signature]</u> Local Registrar			
(31) 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 stillborn before the fifth month of pregnancy.					