

## (1) PLACE OF BIRTH

County of Christchurch  
 Township of Bottom Branch  
 or  
 Inc. Town of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

3607

Registration District No. 11202 Registered No. 114  
 (For use of Local Registrar)  
 City of ..... (No. ....) 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 .. Nancy Ann Walker .. If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? no (7) DATE OF BIRTH Jan 1  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Walker  
 (9) PRESENT POSTOFFICE OF FATHER Summerville #2, S.C.  
 (10) COLOR OR RACE C.H. (11) AGE AT LAST BIRTHDAY 22  
 (Years)  
 (12) BIRTHPLACE Chester co.  
 (13) OCCUPATION Farmer  
 (14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Ebbie Carter  
 (15) PRESENT POSTOFFICE OF MOTHER Lowmyville #2, S.C.  
 (16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 19  
 (Years)  
 (18) BIRTHPLACE Chester co.  
 (19) OCCUPATION Farm hand  
 (20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female, at 9 P M.  
 (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) Conrad G. G. G. G.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Lowmyville #2, S.C.

Given name added from a supplemental report  
 ..... 181 .....

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 1 1912 (28) J. G. Connell  
 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 fourth month of pregnancy.

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