

(1) PLACE OF BIRTH

County of Florence
Township of North
or
Inc. Town of.....
or
City of..... (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

42459

Registration District No. 2012 Registered No. 112
(For use of Local Registrar)

(2) Full Name of Child Belue Walker

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 30, 1921
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Leroy Stow Walker
(9) PRESENT POSTOFFICE OF FATHER Lake City S.C. #1
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Richmond Co Ga.
(13) OCCUPATION Sawmill
(20) Number of children born to mother, including present birth 3

MOTHER.
(14) NAME BEFORE MARRIAGE Jenna Moore
(15) PRESENT POSTOFFICE OF MOTHER Lake City S.C. #1
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Richmond Co Ga.
(19) OCCUPATION Domestic
(21) 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 born alive at 9 a.m. on the date above stated. (Born alive or stillborn) (Hour, m. or P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

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

(27) Filed 1/24 1923 (28) A.S. Kelley 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.

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