

## (1) PLACE OF BIRTH

County of FlorenceTownship of Northor  
Inc. Town of.....or  
City of.....

## 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. 2012Registered No. 112

(For use of Local Registrar)

(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 Robert Walker If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 30 19 21  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME	<u>Long Ston Walker</u>	(14) NAME BEFORE MARRIAGE	<u>Emma Moore</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Lake City RCH</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Lake City RCH</u>
(10) COLOR OR RACE	<u>Black</u>	(16) COLOR OR RACE	<u>Black</u>
(11) AGE AT LAST BIRTHDAY	<u>27</u>	(17) AGE AT LAST BIRTHDAY	<u>26</u>
(12) BIRTHPLACE	<u>Richmond Co Va.</u>	(18) BIRTHPLACE	<u>Richmond Co Va.</u>
(13) OCCUPATION	<u>Sawmill</u>	(19) OCCUPATION	<u>Domestic</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 born alive or stillborn on the date above stated. (Hour) 9 a.m. (M. or P. M.)(23) (Signature) J. H. Hays

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 11/24 19 23 (28) G. S. Hedley 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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