CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 896

(1) PLACE OF BIRTH

County of Colleton

Township of Bells

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

Registration District No. 1401 Registered No. 3
(For use of Local Registrar)

(2) Full Name of Child Essie walker

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Girl	Twin	2	Yes	Jan. 11, 1922

To be answered only in event of Twins or Triplets

FATHER.

(8) FULL NAME: Roger walker

(9) PRESENT POSTOFFICE OF FATHER: Ruffin SC

(10) COLOR OR RACE: negro

(11) AGE AT LAST BIRTHDAY: 25 (Years)

(12) BIRTHPLACE: Colleton co

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 3

MOTHER.

(14) NAME BEFORE MARRIAGE: Viola Sparks

(15) PRESENT POSTOFFICE OF MOTHER: Ruffin SC

(16) COLOR OR RACE: negro

(17) AGE AT LAST BIRTHDAY: 23 (Years)

(18) BIRTHPLACE: Colleton co

(19) OCCUPATION: Home Worker

(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, A. M. or P. M.)

(23) (Signature) Francis Nash

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Ruffin SC

Given name added from supplemental report ..... 19 .....
Registrar

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

(27) Filed Feb 7 1922 (28) Mrs. A. Strickland
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.

Bureau of Census, Columbia, S. C.

N. B.—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 5.

WHEN FILLED OUT, THIS BLANK IS A PERMANENT RECORD. PLEASE WRITE PLAINLY WITH PEN—USE BLACK INK.