

(1) PLACE OF BIRTH: Anderson **CERTIFICATE OF BIRTH**  
County of Anderson STATE OF SOUTH CAROLINA.  
Township of Honea Path Bureau of Vital Statistics  
or State Board of Health  
Inc. Town of ..... Registration District No. 3.0.7

File No.—For State Registrar Only  
**28803**

City of ..... (No. .... Registered No. 113  
(For use of Local Registrar)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Elip Ambrose { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH 9-9-22  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Walter Roland Ambrose

(9) PRESENT POSTOFFICE OF FATHER Honea Path S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 48  
(Years)

(12) BIRTHPLACE And. Co.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth { 9

**MOTHER.**

(14) NAME BEFORE MARRIAGE Helen Hattie Bagwell

(15) PRESENT POSTOFFICE OF MOTHER Honea Path S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 35  
(Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Alive, at 3.30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. W. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honea Path S.C.

Given name added from a supplemental report

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

(27) Filed Sept. 30. 1922 (28) Junie Williams 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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