

(1) PLACE OF BIRTH

County of *Chesler*Township of *Chesler*

Incorporated of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27661

Registration District No. *1102*Registered No. *135*

(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 Alexander Ayer Smith Jr.* 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 *July 22, 1923*

to be answered only in case of twins or triplets

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Walter Alexander Ayer Smith Jr.*(9) PRESENT POSTOFFICE OF FATHER *Baldwinville Chesler S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *37* (Years)(12) BIRTHPLACE *Union County, N.C.*(13) OCCUPATION *Self*(14) Number of children born to mother, including present birth *3*

MOTHER.

(15) NAME BEFORE MARRIAGE *Jda Tomblin*(16) PRESENT POSTOFFICE OF MOTHER *Baldwinville Chesler S.C.*(17) COLOR OR RACE *White* (18) AGE AT LAST BIRTHDAY *34* (Years)(19) BIRTHPLACE *Union County, N.C.*(20) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *2*

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.

(23) (Signature) *Dr. J. H. Smith*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Chesler S.C.*

When name added from a supplemental report

(26) Witness

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

(27) Filed *Oct 1, 1923*

(28) 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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