

(1) PLACE OF BIRTH

County of Chester
Township of Chester
Incl. Town 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)

(2) Full Name of Child Walter Alexander Ayer Poth 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
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Walter Alexander Ayer Poth Jr

(9) PRESENT POSTOFFICE OF FATHER Baldwin Mill Chester 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.

(14) NAME BEFORE MARRIAGE Jda Tomblin

(15) PRESENT POSTOFFICE OF MOTHER Baldwin Mill Chester S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34
(Years)

(18) BIRTHPLACE Union County, N.C.

(19) OCCUPATION Domestic

(20) 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 on the date above stated. (Hour A. M. or P. M.) 3:45 A.M.

(23) (Signature) W. H. Poth

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester, S.C.

Name added from a supplemental report

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

(27) 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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