

(1) PLACE OF BIRTH

County of

York

Township of

Hanging Rock

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

20568

Registration District No. 44.2.7. Registered No. 49

(For use of Local Registrar)

(2) Full Name of Child. Francis Joseph Walter

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

To be suggested only in case of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH

May 4 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Grey Walter

(9) PRESENT POSTOFFICE OF FATHER

Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46

(Years)

(12) BIRTHPLACE

W. L. Russell Co. N.C.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(14) NAME BEFORE MARRIAGE

Julia Foster

(15) PRESENT POSTOFFICE OF MOTHER

Greenville

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

33

(Years)

(18) BIRTHPLACE

York Co.

(19) OCCUPATION

Farmer

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Chapel Hill

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 3, 1922

(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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