

PLACE OF BIRTH

City of McCormick  
 Township of McCormick  
 Town of .....  
 or .....  
 of .....

## CERTIFICATE OF BIRTH

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

File No. for State Registrar Only  
35472

Registration District No. 4500Registered No. 124  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

Full Name of Child Walter D. Banks

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

BY OR

BY

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

DATE OF

BIRTH Oct 18 1922  
(Month of Month) (Day) (Year)

## FATHER

NAME

PRESENT POSTOFFICE

COLOR OR RACE

BIRTHPLACE

OCCUPATION

Number of children born to father, including present birth

## MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(17) BIRTHPLACE

(18) OCCUPATION

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

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) B.D. Mattison M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Name added from a supplemental report

(26) Witness

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

(27) Filed Oct 18 1922B.D. Mattison  
Local Registrar13  
Registrar

If 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.