

(1) PLACE OF BIRTH

County of Mecklenburg

Township of 11

or
Inc. Town of 11

or
City of 11

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
71163

Registration District No. 3X Registered No. 264

(For use of Local Registrar)

St.: Ward

(No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mary Hattie Walters } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? y (7) DATE OF BIRTH June 22 1916
To be answered only in event of Twins or Triplets. (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mrs. L. J. Walters

(9) PRESENT POSTOFFICE OF FATHER Mecklenburg SC

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 53 (Years)

(12) BIRTHPLACE Mecklenburg Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lou Gilbert

(15) PRESENT POSTOFFICE OF MOTHER Mecklenburg R7D

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Mecklenburg Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1030 P.M. (Born alive of stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. L. ... (25) Address of Physician or Midwife Mecklenburg SC

(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

....., 191.....
Registrar

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

(27) Filed 191..... (25) 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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RECEIVED FOR BUNDLING
MARRIAGE LICENSES
THIS IS A PERMANENT RECORD
SEPARATE BLANKS FOR SEEN AND MARK
IN CASE OF TWINS OR TRIPLETS
FIRST-BORN, NO. 1, THE OTHER, NO. 2, ETC. IN QUESTION
McCrain, of Columbia