

(1) PLACE OF BIRTH
County of Mecklenburg
Township of 11
or
Inc. Town of 11
or
City of 11 (No. _____ St.: _____ Ward _____)
(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
71163

Registration District No. 3X Registered No. 264
(For use of Local Registrar)
(2) Full Name of Child Mary Hattie Walters { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>1</u> <small>To be answered only in event of twins or triplets.</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Y</u>	(7) DATE OF BIRTH <u>June 22</u> 19 <u>16</u> <small>(Use of Month) (Day) (Year)</small>
FATHER.				MOTHER.
(8) FULL NAME <u>Mary Louise Walters</u>				(14) NAME BEFORE MARRIAGE <u>Mary Louise Walters</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Mecklenburg SC</u>				(15) PRESENT POSTOFFICE OF MOTHER <u>Mecklenburg SC</u>
(10) COLOR OR RACE <u>white</u>				(16) COLOR OR RACE <u>white</u>
(11) AGE AT LAST BIRTHDAY <u>53</u> (Years)				(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)
(12) BIRTHPLACE <u>Mecklenburg SC</u>				(18) BIRTHPLACE <u>Mecklenburg SC</u>
(13) OCCUPATION <u>Farmer</u>				(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>				(21) Number of children of this mother now living, including present birth <u>1</u>

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 or stillborn) (Hour A. M. or P. M.)
on the date above stated.
(23) (Signature) J. L. Jones
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mecklenburg SC

Given name added from a supplemental report _____, 191____

Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. L. Jones
(27) Filed _____ 191____ (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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