

(1) PLACE OF BIRTH

County of Charleston
 Township of

or
 Inc. Town of
 or
 City of Charleston

Registration District No. Registered No. 710
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Leron Walters

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 answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar 25
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wm Walters

(9) PRESENT POSTOFFICE OF FATHER Charleston SC

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38
 (Years)

(12) BIRTHPLACE Charleston SC

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { 8 }

MOTHER.

(14) NAME BEFORE MARRIAGE Sara Jenkins

(15) PRESENT POSTOFFICE OF MOTHER Charleston SC

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35
 (Years)

(18) BIRTHPLACE Charleston SC

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth { 7 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 10 AP
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy X Green

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

Given name added from a supplemental report

(26) Witness A. R. Meyer
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/28/1916 (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.

McCarver of Columbia, No. 1. THE OTHER, No. 2, etc., in question 2.