

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Cherokee
 or
 the Town of

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

No. for State Registrar's Office
19187

Registration District No. 4002.B Registered No. 46
 (For use of Local Registrar)

City of (No. St. Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(1) Full Name of Child W. Y. Lawter

(2) SEX OF CHILD Boy (3) Date of Birth June 29, 1923
 (4) Twin or Triplet? No (5) Age at Birth 29 (6) Age at Last Birthday 29
 To be answered only in event of Twin or Triplet

FATHER. (10) NAME BEFORE MARRIAGE Mamie Rose

(9) FULL NAME Yerden Lawter (11) PRESENT POSTOFFICE OF MOTHER Cherokee SC

(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 29

(14) BIRTHPLACE SC (15) OCCUPATION Domestic

(16) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH 5

(17) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(19) (Signature) Mamie Rose (20) Address of Physician or Midwife Cherokee SC
 (21) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(23) Filed June 29, 1923 (24) 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.