

## (1) PLACE OF BIRTH

County of Walter

Township of .....

or Inc. Town of .....

City of Walter

(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

No. 22502

Registration District No. 40-a Registered No. 22502  
(For use of Local Registrar)(No. 4300 St. 1111 Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>No</u>	(7) DAY <u>Dec 20</u>	BIRTH (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME .....

(9) PRESENT POSTOFFICE OF FATHER .....

(10) COLOR OR RACE .....

(11) AGE AT LAST BIRTHDAY (Years) .....

(12) BIRTHPLACE .....

(13) OCCUPATION .....

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

## MOTHER.

(14) NAME BEFORE MARRIAGE John H. Hearn

(15) PRESENT POSTOFFICE OF MOTHER Walter

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY (Years) 27

(18) BIRTHPLACE Walter

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn (Born alive or stillborn) (Date A. M. or P. M.)(23) (Signature) John H. Hearn

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife 63 Centerville

Given name added from a supplemental report

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

(27) Filed 8-1-23 John H. Hearn 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.