

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of Byford  
 or  
 Inc. Town of .....  
 or  
 City of .....

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

File No.—For State Registrar Only  
**30906**

Registration District No. 2500 Registered No. 64  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 St.; ..... Ward; .....

(2) Full Name of Child James Willard Walters

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

(3) BOY OR GIRL? Boy (4) Twins or Triplets? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 9 5 22  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Smiley Walters

(9) PRESENT POSTOFFICE OF FATHER Lancaster S. C. R. 2

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39  
 (Year)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farm Work

(14) Number of children born to mother, including present birth 1 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Wesley Hemmington

(15) PRESENT POSTOFFICE OF MOTHER Lancaster S. C. R. 2

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 30  
 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 1 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Sapp M. D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lancaster S. C.

Given name added from a supplemental report

(26) Witness W. H. Sapp  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 9 22 (28) W. H. Sapp  
 Registrar 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.