

(1) PLACE OF BIRTH

County of Richland
 Township of Richland
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. 128
 For South Carolina

Registration District No. 4602Registered No. 3
(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.)

(2) Full Name of Child Walter Andrew Peterson

(3) SEX Boy (4) Type or Figure Normal (5) Number in order of birth 1st (6) Date of Birth Jan 15 1923
 To be completed in case of Twin or Triple

FATHER.

(8) NAME Charles F. Peterson(9) PRESENT RESIDENCE Porter St.(10) COLOR White (11) AGE AT LAST BIRTHDAY 25
(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH One

MOTHER.

(14) NAME Joe Annin Still(15) PRESENT RESIDENCE Porter St.(16) COLOR White (17) AGE AT LAST BIRTHDAY 25
(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(20) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) F. H. [Signature](23) State whether Physician or Midwife Physician(24) Address of Physician or Midwife Richland S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 25 is signed by nurse)

(26) Date Jan 15 1923 (27) Local Registrar [Signature]

*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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