

(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

File No.—For State Registrar Only
19188

Registration District No. 4-1022

Registered No. 45.....
 (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

(2) Full Name of Child Walter Lee Poter

3 SEX OR ONLY <u>Boy</u>	4 Twin or Triplet? To be answered only in event of Twin or Triplet	5 Number in order of birth	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 13, 1923</u> (Month) (Day) (Year)
8 FATHER FULL NAME <u>Jessie Poter</u> PRESENT POSTOFFICE OF FATHER <u>Spartanburg S.C.</u> 10 COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>26</u> (Years) 12 BIRTHPLACE <u>S.C.</u> 13 OCCUPATION <u>Farmer</u>			9 MOTHER (14) NAME BEFORE MARRIAGE <u>Clorthy Bradley</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg S.C.</u> (16) COLOR OR RACE <u>white</u> (17) AGE AT LAST BIRTHDAY <u>20</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>1</u>	

20 Number of children born to mother, 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 at 3 a.m.
 on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) W. W. Painter
 (24) State whether Physician

(25) Address of Physician or Midwife Cherokee S.C.

Given name added from a supplemental report

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

(27) Filed June 1923 (28) W. W. Painter 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.