

Form No. 1

## (1) PLACE OF BIRTH

County of Dayton  
 Township of Salmon  
 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

7322

Registration District No. 2401Registered No. 12  
(For use of Local Registrar)

(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 White

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

(3) SEX OF CHILD  
Boy(4) Twin or Triplet?  
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

2/2/23  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Walter White(9) PRESENT POSTOFFICE OF FATHER Lawrence(10) COLOR OR RACE W(11) AGE AT LAST BIRTHDAY 43  
(Years)(12) BIRTHPLACE W(13) OCCUPATION W(20) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Walter White(15) PRESENT POSTOFFICE OF MOTHER Lawrence S E(16) COLOR OR RACE W(17) AGE AT LAST BIRTHDAY 41  
(Years)(18) BIRTHPLACE W(19) OCCUPATION W(21) 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 Walter at 2 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nathaniel White

(24) State whether Physician or Midwife

(25) Address of Physic. or Midwife

(Given name added from a supplemental report)

Walter White

(26) Witness

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

(27) Dated 2/27/23(28) W. P. Ellis  
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.

THIS IS A PERMANENT RECORD. PREPARED BY THE BUREAU OF VITAL STATISTICS AND A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 5