

(1) PLACE OF BIRTH

County of

*Orangeburg*  
*Helbron*

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

22 049277

Inc. Town of

Registration District No. *3608*

Registered No. *81*  
(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 Herman*

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

(3) BOY OR GIRL? *boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

*Nov 27 1922*  
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplets

FATHER

(8) FULL NAME

*Jacob F. Gleaton*

(9) PRESENT POSTOFFICE OF FATHER

*Neeses, S.C.*

(10) COLOR OR RACE

*W*

(11) AGE AT LAST BIRTHDAY

*43*  
(Years)

(12) BIRTHPLACE

*S.C.*

(13) OCCUPATION

*farmer*

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

*7*

MOTHER

(14) NAME BEFORE MARRIAGE

*Theo Lee Williams*

(15) PRESENT POSTOFFICE OF MOTHER

*Neeses, S.C.*

(16) COLOR OR RACE

*W*

(17) AGE AT LAST BIRTHDAY

*33*  
(Years)

(18) BIRTHPLACE

*S.C.*

(19) OCCUPATION

*none*

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

*7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11:45 p.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *G. J. Williams*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Neeses, S.C.*

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filled *Dec 11 22*

(28) *H. J. Livingston* 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.