(1) PLACE OF BIRTH

County of Anderson

Township of Garrison

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only: 5911

Registration District No. ..... Registered No. .....

(For use of Local Registrar)

(2) Full Name of Child Walter Jr.

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Jan. 15, 1923 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Walter Perry	(14) NAME BEFORE MARRIAGE Lucy Smith
(9) PRESENT POSTOFFICE OF FATHER Liberty S C R2	(15) PRESENT POSTOFFICE OF MOTHER Liberty S C R2
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE S C	(18) BIRTHPLACE S C
(13) OCCUPATION Farming	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 2	(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 born alive at 1 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. E. Allgood

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Liberty S C R2

Given name added from a supplemental report .....

..... 19 .... Registrar

(26) Witness .....

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

(27) Filed ..... 19 .... (28) ..... 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.

N. B.—In case of TWINS OR TRIPLETS use a [illegible] for each child, etc., in question 8.

FIRST-BORN, No. 1. THE OTHERS, No. 2, etc., in question 8.

Bureau of Columbia, Columbia, S. C.