

## (1) PLACE OF BIRTH

County of BeaufortTownship of George

or

Inc. Town of

or

City of

(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

46065

Registration District No. 1703Registered No. 13

(For use of Local Registrar)

(2) Full Name of Child Ernie Bell Walters

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

(3) ~~Boy~~ OR GIRL?(4) Twin or Triplet? X(5) Number in order of birth 5  
To be answered only in event of Twin or Triplet(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 1  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles I Walters(9) PRESENT POSTOFFICE OF FATHER St George(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 39  
(Years)(12) BIRTHPLACE St George(13) OCCUPATION Black Smith(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Julia McPherson(15) PRESENT POSTOFFICE OF MOTHER St George S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29  
(Years)(18) BIRTHPLACE Branchville S.C.(19) OCCUPATION House Wife(21) Number of children of this mother now living, including present birth 9

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7:30 A. M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. B. Johnson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed Jan 3 1916 (28) B. H. Apple  
Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child sometimes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.