

(1) PLACE OF BIRTH

County of SpartanburgTownship of Spartanburgor
Inc. Town of Saxon Millsor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5280

Registration District No. 4008 Registered No. 41
(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 Lawrence William Walker If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>—</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 1 1923</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Carl L. Walker</u>	(10) NAME BEFORE MARRIAGE <u>Amie May Carter</u>	(10) NAME BEFORE MARRIAGE <u>Amie May Carter</u>	(10) NAME BEFORE MARRIAGE <u>Amie May Carter</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Saxon Mills</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Saxon Mills</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Saxon Mills</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Saxon Mills</u>
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Year)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>24</u> (Year)
(14) BIRTHPLACE <u>Waltham, Mass. U.S.</u>	(15) BIRTHPLACE <u>Fairmont, L.C.</u>	(14) BIRTHPLACE <u>Fairmont, L.C.</u>	(14) BIRTHPLACE <u>Fairmont, L.C.</u>
(16) OCCUPATION <u>mill operator</u>	(17) OCCUPATION <u>housewife</u>	(16) OCCUPATION <u>housewife</u>	(16) OCCUPATION <u>housewife</u>
(18) Number of children born to mother, including present birth <u>4</u>	(19) Number of children of this mother now living, including present birth <u>3</u>	(18) Number of children born to mother, including present birth <u>4</u>	(18) Number of children born to mother, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 11 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) A. J. J. Walker
(24) State whether Physician or Midwife (25) Address of Physician or MidwifeGiven name of affidant from a supplemental report
L. A. Riser, M.D.
10.11.14.3 19 1923
Registrar(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
Feb 20 23 (27) Filed Feb 20 23 (28) Mrs. R. T. Parker 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.

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