

(1) PLACE OF BIRTH

County of Greenville

Township of

Inc. Town of Judson Mills

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

28584

Registration District No. 10.9.17 Registered No.

(For use of Local Registrar)

(2) Full Name of Child Raymond Walthrop - If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Sept 18, 1923
(Month of Birth) (Day) (Year)

FATHER.

(8) FULL NAME Floyd W. Walthrop(9) PRESENT POSTOFFICE OF FATHER Judson Mills, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Year)(12) BIRTHPLACE Spokane Co. S.C.(13) OCCUPATION Textile(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leroy Walcott(15) PRESENT POSTOFFICE OF MOTHER Judson Mills, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21
(Year)(18) BIRTHPLACE Spokane Co. S.C.(19) OCCUPATION Textile(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) J. H. Murray, M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1377 Pendleton St.

(Given name added from a supplemental report)

(26) Witness

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

(27) Sept 18, 1923 (28) A. H. Mackay 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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