

(1) PLACE OF BIRTH

County of Lancaster
 Township of Little Creek
 OR
 Inc. Town of
 OR
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

43193

Registration District No. 280Registered No. 230
(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 Lillie Walters (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? 4 (4) Twin or Triplet? To be answered only in event of Twin or Triplet (5) Age of Parents Married 25 (7) DATE OF BIRTH Nov 30 1912
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME John Walters (9) PRESENT POSTOFFICE OF FATHER Lancaster
 (10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 42 (12) BIRTHPLACE Wilmington (13) OCCUPATION rytute hand
 (20) Number of children born to mother, including present birth 12

MOTHER. (14) NAME BEFORE MARRIAGE Lillie Walters (15) PRESENT POSTOFFICE OF MOTHER Lancaster
 (16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 17 (18) BIRTHPLACE Charleston (19) OCCUPATION housewife
 (21) Number of children of this mother now living, including present birth 12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 9:40 A.M. on the date above stated. (Born alive or stillborn?) (Hour A.M. or P.M.)

(23) (Signature) [Signature](24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Lancaster

Given name added from a supplemental report

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

(27) Signed 12-5 (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.