

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

9859

**(1) PLACE OF BIRTH**

County of Anderson  
 Township of Easthill  
 or  
 Inc. Town of .....

Registration District No. 303 Registered No. 23-  
 (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**

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

**(3) BOY OR GIRL?****(4) Twin or Triplet?****(5) Number in order of Birth****(6) Are Parents Married?****(7) DATE OF BIRTH**

April 22 1922  
 (Name of Month) (Day) (Year)

**FATHER.****(8) FULL NAME**Alvin Walter**(9) PRESENT POSTOFFICE OF FATHER**Anderson RFD 4**(10) COLOR OR RACE**Col**(11) AGE AT LAST BIRTHDAY**27  
(Years)**(12) BIRTHPLACE**Anderson RFD 4**(13) OCCUPATION**Farmer**(20) Number of children born to mother, including present birth**6**MOTHER.****(14) NAME BEFORE MARRIAGE**Alvin Walter**(15) PRESENT POSTOFFICE OF MOTHER**Anderson RFD 4**(16) COLOR OR RACE**Col**(17) AGE AT LAST BIRTHDAY**27  
(Years)**(18) BIRTHPLACE**Anderson RFD 4**(19) OCCUPATION**Farmer**(21) Number of children of this mother now living, including present birth**6**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

**(22)** I hereby certify that I attended the birth of this child, who was Expulse at 7 M.,  
 on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

**(23)** (Signature)Linda M. ... RFD 4**(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)  
**F. B. CRAYTON,**

**(27)** Filed

19

**(28)**

19

Registrar

State Registrar

**ANDERSON, S. C.**

When there was no attending physician or midwife, then the father, householder, etc. must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.