

(1) PLACE OF BIRTH

County of Anderson
 Township of Eastman
 or
 Inc. Town of
 or
 City of

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

Registration District No. 303

File No.—For State Registrar Only

9859Registered No. 23-
(For use of Local Registrar)

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?

To be answered only in event of 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

Abelie Walter

(9) PRESENT POSTOFFICE OF FATHER

Anderson RFD 4

(10) COLOR OR RACE

Coc(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

Abelie Walter

(15) PRESENT POSTOFFICE OF MOTHER

Anderson RFD 4

(16) COLOR OR RACE

Coc(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 Abelie at 7 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Dr. J. M. Smith

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

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(28)

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RegistrarState 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.