

(1) PLACE OF BIRTH

County of CamasTownship of FullOR
Inc. Town ofOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2804

File No.—For State Registrar Only

19187

Registered No. 190
(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 Allen Walters

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

3 BOY OR GIRL? B

4 Twin or Triplet?

5 Number in order of birth

6 Are Parents Married? No

7 DATE OF BIRTH

6-1-72
(Name of Month) (Day) (Year)

FATHER.

8 FULL NAME Jamus E. Walters9 PRESENT POSTOFFICE OF FATHER Camas10 COLOR OR RACE W 11 AGE AT LAST BIRTHDAY 41
(Years)12 BIRTHPLACE Yusterford Ct13 OCCUPATION Farmer14 Number of children born to mother, including present birth 110

MOTHER.

14 NAME BEFORE MARRIAGE Kosette Head St15 PRESENT POSTOFFICE OF MOTHER Camas16 COLOR OR RACE W 17 AGE AT LAST BIRTHDAY 38
(Years)18 BIRTHPLACE North Carolina19 OCCUPATION Housewife20 Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7:19 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Y. P. Bryant

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Camas

Given name added from a supplemental report

(26) Witness

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

(27) Filed 7-13-22(28) 1922

Local Registrar

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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