

(1) PLACE OF BIRTH

County of Anderson

Township of

Inc. Town of

City of Anderson

(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

Registration District No. 3ANo. 178 - For State RegisterRegistered No. 73

(For use of Local Registrar)

(2) Full Name of Child Walter Lee Truitt

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

(3) SEX OF CHILD

(4) Type or Figure

(5) Number in order of birth

(6) Age of child

(7) DATE OF BIRTH

FATHER.

(8) FULL NAME

J M Truitt

(9) CURRENT RESIDENCE OF FATHER

Anderson

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Mattison Co Ga

(13) OCCUPATION

Textile

MOTHER.

(14) FULL NAME

Lillie Royston

(15) CURRENT RESIDENCE OF MOTHER

Anderson

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

19

(18) BIRTHPLACE

Mattison Co Ga

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

1

(21) 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 on the date above stated.

(23) (Signature)

J. D. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Anderson S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 26 is answered "yes")

B. CRAYTON,

(27) Date

Feb 23 1923

(28) ANDERSON

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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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