

## (1) PLACE OF BIRTH

County of York  
 Township of Chereau  
 or  
 Inc. Town of Rock Hill  
 or  
 City of .....

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

File No.—For State Registrar Only

38080

Registration District No. 4403 Registered No. 90  
 (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

Walter

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age at birth Yes (7) DATE OF BIRTH Nov. 3rd 1923  
 (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Robert Pickney Walter  
 (9) PRESENT POSTOFFICE OF FATHER Rock Hill S.C.  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44  
 (12) BIRTHPLACE York Co.  
 (13) OCCUPATION Tree Worker

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Mattie Mayberry Steele  
 (15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39  
 (18) BIRTHPLACE Rockland C. H.C.  
 (19) OCCUPATION Housewife  
 (20) Number of children of this mother now living, including present birth 8

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
 (22) I hereby certify that I attended the birth of this child, who was born alive at 6a M., on the date above stated. (Day, month or stillborn. (Hour, M., or P. M.))

(23) (Signature) Samuel Freeman M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rock Hill S.C.

Given name added from a supplemental report  
 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Isabel  
 (27) Filed 11/28/23 (28) Local Registrar

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