

1) PLACE OF BIRTH

County of Calhoun
 Township of Low Cow
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

24987

Registration District No. 804 Registered No. 63
 (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 Walter Perez 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 1st 6) Are Parents Married? Yes 7) DATE OF BIRTH Aug 14 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Ken Ben
 9) PRESENT POSTOFFICE OF FATHER St. Matthews
 10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)
 12) BIRTHPLACE Idaho
 13) OCCUPATION Farmer
 20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Bora Murphy
 15) PRESENT POSTOFFICE OF MOTHER St. Matthews
 16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 18) BIRTHPLACE Idaho
 19) OCCUPATION Farmer
 21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P. M.;
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Man x Gaffney
 (24) State whether Physician or Midwife Physician (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)

(27) Filed Aug 22 1922 (28) St. Matthews Local 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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