

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town ofor
City of Charleston S.C.

(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

File No.—For State Register Only

3228

318

Registration District No. 9A

Registered No.

(For use of Local Registrar)

(No. Roper Hospital)

St. Ward)

(2) Full Name of Child Dorothy Belle Walters

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet?

(5) Number in order of birth

to be entered only in case of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 12 23
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Mr Perry Walters(9) PRESENT POSTOFFICE OF FATHER 425 Meeting St Charleston S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 29
(Years)(12) BIRTHPLACE Saint George S.C.(13) OCCUPATION matron(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Miss Carrie Harbison(15) PRESENT POSTOFFICE OF MOTHER 425 Meeting St Charleston S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE St George S.C.(19) OCCUPATION housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 520 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. H. Wood M.D. Charleston S.C.

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Feb 15 1923 (27) J. H. Wood M.D. Charleston S.C.

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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