

(1) PLACE OF BIRTH

County of Spartanburg
 Township of 11
 or
 Inc. Town of 11
 or
 City of 11

CERTIFICATE OF BIRTH

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

No. 37536

Registration District No. 40-A Registered No. 535
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Andrew Kunkin (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type or Type of To be given only in case of Twins or Triplets (5) Number in order of birth 1 (6) Age 1 (7) DATE OF BIRTH 2 8 22 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Harry Kunkin (9) PRESENT RESIDENCE OF FATHER Spartanburg (10) COLOR OR RACE Ch (11) AGE AT LAST BIRTHDAY 21 (12) BIRTHPLACE SC (13) OCCUPATION Laborer (14) NUMBER OF CHILDREN born to mother, including present birth 2

MOTHER. (14) NAME BEFORE MARRIAGE Louise Douglas (15) PRESENT RESIDENCE OF MOTHER Spartanburg SC (16) COLOR OR RACE Ch (17) AGE AT LAST BIRTHDAY 21 (18) BIRTHPLACE SC (19) OCCUPATION House Wk (20) NUMBER OF CHILDREN of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 4 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature) W. S. Lancaster M.D. (23) State whether Physician or Midwife (24) Address of Physician or Midwife Spartanburg SC

Given name added from a supplemental report

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

(26) Filed 12-12-22 (27) Local Registrar. Jas. C. [Signature]

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.