

## (1) PLACE OF BIRTH

County of Spokane  
 Township of Al  
 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. 40-0 - For State Registrar Only  
37535

Registration District No. 40-0 Registered No. 534  
 (For use of Local Registrar)

(No. 9 Resumed St. 7 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 Button Jr. If child is not yet named, make supplemental report as directed

3) SEX OR CHILD Boy 4) Type of Triple To be answered only in case of Triple or Triplets 5) Number of order of birth 1 6) Age of child 1 7) DATE OF BIRTH 2 12 23  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Walter Button  
 9) PRESENT RESIDENCE OF FATHER Spokane, ID  
 10) COLOR OR RACE W 11) AGE AT BIRTH 20  
 12) BIRTHPLACE N.C.  
 13) OCCUPATION Miner  
 14) Number of children born to mother, including present birth 1

## MOTHER.

15) NAME BEFORE MARRIAGE Gay Bates  
 16) PRESENT RESIDENCE OF MOTHER Spokane, ID  
 17) COLOR OR RACE W 18) AGE AT BIRTH 20  
 19) BIRTHPLACE N.C.  
 20) OCCUPATION House work  
 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 born on the date above stated. (Born alive or stillborn) (Born A. M. or P. M.)

(23) (Signature) W. J. Lancaster

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 12-12-23 Local Registrar

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