

PLACE OF BIRTH

County of Spartanburg
 Municipality of Spartanburg
 or
 Town of

CERTIFICATE OF BIRTH

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

File No. - For State Registrar
1913

Registration District No. 40nd Registered No. 33
 (For use of Local Registrar)

City of (No. P. 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 Reid Pitts If child is not yet named, make supplemental report as directed

(1) Sex of Child Boy (2) Type of Triplet or Twin 1st (3) Number in order of birth 1st (4) Are Parents Married yes (5) DATE OF BIRTH June 2, 1913
 (To be answered only in case of Triplets) (Age of Month) (Day) (Year)

FATHER.		MOTHER.	
(6) FULL NAME <u>E. R. Pitts</u>	(14) NAME BEFORE MARRIAGE <u>William Deadyger</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Arcadia</u>	(12) PRESENT POSTOFFICE OF MOTHER <u>Arcadia</u>
(7) COLOR OR RACE <u>white</u> (11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(13) COLOR OR RACE <u>white</u> (15) AGE AT LAST BIRTHDAY <u>17</u> (Year)	(8) BIRTHPLACE <u>M.A.A.</u>	(16) BIRTHPLACE <u>M.A.A.</u>
(9) OCCUPATION <u>textile mill worker</u>	(17) OCCUPATION <u>Housewife</u>	(18) Number of children born to mother, including present birth <u>One</u>	(19) Number of children of this mother now living, including present birth <u>One</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Born alive at 5:15 P.M. on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(21) (Signature) D. F. H. H. H. H. H. (22) Address of Physician or Midwife Arcadia, S.C.
 (23) State whether Physician or Midwife

Give name added from a supplemental report

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

(25) Filed June 15, 1913 (26) J. B. Moore 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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