

1) PLACE OF BIRTH

County of Spartanburg  
 Township of South Springs  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

File No. - For State Registrar  
19131

Registration District No. 40NB Registered No. 23  
 (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 Reid Pitts If child is not yet named, make supplemental report as directed

3) SEX OF CHILD Boy 4) Type or Token 1st 5) Number in order of birth 1st 6) Are Parents Married yes 7) DATE OF BIRTH June 8 - 1923  
 (Month) (Day) (Year)

FATHER.  
 8) FULL NAME E. R. Pitts

9) PRESENT POSTOFFICE OF FATHER Arcadia

10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 22  
 (Year)

12) BIRTHPLACE M.A.A.

13) OCCUPATION textile mill worker

14) Number of children born to mother, including present birth One

MOTHER.  
 14) NAME BEFORE MARRIAGE William Deady

15) PRESENT POSTOFFICE OF MOTHER Arcadia

16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 17  
 (Year)

18) BIRTHPLACE M.A.A.

19) OCCUPATION Housewife

20) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

22) (Signature) D. F. Hightower 23) Address of Physician or Midwife Arcadia

24) State whether Physician or Midwife

Give name added from a supplemental report

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

26) Filed June 15, 1923 27) Local Registrar J. B. Munk

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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