

(1) PLACE OF BIRTH

County of

Township of

or  
Inc. Town of

City of

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

(2) Full Name of Child Mary Stella Waters { 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 9(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH Aug 21, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME John H Waters(9) PRESENT  
POSTOFFICE  
OF FATHER Mc Bell S C(10) COLOR  
OR  
RACE white(11) AGE AT LAST  
BIRTHDAY 4 2

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to  
mother, including present birth { 9 }

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Mollie Norton(15) PRESENT  
POSTOFFICE  
OF MOTHER Mc Bell S C(16) COLOR  
OR  
RACE white(17) AGE AT LAST  
BIRTHDAY 36

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother  
now living, including present birth { 7 }

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive, at 7:05 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Douglas Kanner M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Mc Bell S C.(Given name added from a supplement-  
tal report

....., 191.....

.....  
Registrar

(26) Witness

(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed Aug 21, 1916

(28)

Julius Covington  
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCraw, of Columbia.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

78319