

(1) PLACE OF BIRTH

County of York
 Township of Columbia
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

FILE - For this Register No.
30616

Registration District No. 4405 Registered No. 87
 (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 John D. Luther Waters (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Child 24 (7) DATE OF BIRTH Sept 24, 1923
 To be covered only in case of Twin or Triplets (Month) (Day) (Year)

FATHER.
 (8) FULL NAME J. D. Waters
 (9) PRESENT RESIDENCE OF FATHER Rock Hill S.C. R#2
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22
 (12) BIRTHPLACE Charter County
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 2

MOTHER.
 (15) FULL NAME Amie May Lind
 (16) PRESENT RESIDENCE OF MOTHER Rock Hill S.C. R#2
 (17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 24
 (19) BIRTHPLACE York County
 (20) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Guster
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Sumner S.C.

Given name added from a supplemental report

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(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed 10/10/23 (28) J. D. Guster 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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