

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

File No.—For State Registrar Only

County of *McCormick*

STATE OF SOUTH CAROLINA

8400

Township of *Indian*

Bureau of Vital Statistics

State Board of Health

or

Registration District No. *4500*Registered No. *27*

or

(For use of Local Registrar)

City of *(No.)*St. *(No.)* Ward *(No.)*

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

(If child is under 14 months, make supplemental report as directed)

(2) Full Name of Child *Charles Waites*(3) BOY OR GIRL *Boy*(4) Twin or Triplet? *2*(5) Number in order of birth *2*(6) Age Parents Married *Yes*(7) DATE OF BIRTH *Feb 3, 1922*(8) FULL NAME *FATHER*(9) PRESENT POSTOFFICE OR FATHER *McCormick*(10) COLOR OR RACE *White*(11) AGE AT LAST BIRTHDAY *30*(12) BIRTHPLACE *S. C.*(13) OCCUPATION *Mail Carrier*(14) NAME BEFORE MARRIAGE *MOTHER*(15) PRESENT POSTOFFICE OF MOTHER *Effie Waites*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *29*(18) BIRTHPLACE *S. C.*(19) OCCUPATION *Housewife*(20) Number of children born to mother, including present birth *2*(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 *6 P. M.* on the date above stated. (Born *live* or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. C. Hammon*

(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 23 is signed by mark)

(27) Filed *Mar 10 1922* (28) 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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.