

Form No. 10. MARGIN RESERVED FOR FILING.

WRITE PLAINLY. WITH INK. THIS IS A PREPARED 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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Spaulding
Township of
or
Inc. Town of
or
City of Spaulding (No. 112, Johnston St.)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
66141

(2) Full Name of Child William Melville Waters } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June, 20, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Henry Waters
(9) PRESENT POSTOFFICE OF FATHER Spaulding, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Greenville County
(13) OCCUPATION Meat Market proprietor
(14) Number of children born to mother, including present birth Six (6)

MOTHER.

(14) NAME BEFORE MARRIAGE Fannie Roddy
(15) PRESENT POSTOFFICE OF MOTHER Spaulding, S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 39 (Years)
(18) BIRTHPLACE Tennessee
(19) OCCUPATION Wife
(20) Number of children of this mother now living, including present birth Five (5)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was at 7 A.M.,
on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. C. Boyd

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Spaulding, S.C.

Given name added from a supplemental report

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

(27) Filed July 1914 (28) W. C. Boyd 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.

Fifth month of pregnancy.