Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg SC

Township of ..... J...

or

Inc. Town of .....

or

City of Spartanburg SC (No. ..... St.; ..... Ward)

(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

2440

Registration District No. 40-A Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child Earl Waters

If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month)	(Day)	19 (Year)
boy			yes	Jan	26	22

FATHER.

(8) FULL NAME: Jason Waters

(9) PRESENT POSTOFFICE OF FATHER: Spartanburg

(10) COLOR OR RACE: color

(11) AGE AT LAST BIRTHDAY (Years): 40

(12) BIRTHPLACE: ...

(13) OCCUPATION: Mine

(20) Number of children born to mother, including present birth: 4

MOTHER.

(14) NAME BEFORE MARRIAGE: Lorie Bradford

(15) PRESENT POSTOFFICE OF MOTHER: Spartanburg SC Rt 4

(16) COLOR OR RACE: Color

(17) AGE AT LAST BIRTHDAY (Years): 23

(18) BIRTHPLACE: Clinton S.C.

(19) OCCUPATION: Farm Helping

(21) Number of children of this mother now living, including present birth: Mother 12 Living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Birdie Wilson at ..... M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Spartanburg R 4

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed 2-1- 19 22 (28) Jas. Colvin

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.

N. B.—In case of TWINS, TRIPLETS, etc., WHITE TWINS, WHITE TRIPLETS, etc., will be RECORDED FIRST, COLORED TWINS, COLORED TRIPLETS, etc., SECOND. In case of TWINS OR TRIPLETS, one of WHICH IS ILLEGITIMATE, this FACT SHOULD BE NOTED IN A PARENTHESIS APPENDED TO THE NAME. In case of TWINS OR TRIPLETS, one of WHICH IS STILLBORN, this FACT SHOULD BE NOTED IN A PARENTHESIS APPENDED TO THE NAME. In MULTIPLE BIRTHS, No. 1, THIRD OFFSPRING, No. 2, etc., is question 5.

Bureau of Columbia, Columbia, S. C.