

## (1) PLACE OF BIRTH

County of  Spartanburg   
 Township of  Beech Springs   
 or  
 Inc. Town of .....

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

File No.—for State Registry Only  
**19139**

Registration District No.  4

Registered No.  39   
 (For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(7) Full Name of Child  Lewis Harvel Waters  If child is not yet named, make supplemental report as directed

(8) SEX OR GENDER  Boy  (9) Type of Triplet ..... (10) Number in order of birth ..... (11) Are Parents Married  Yes  (12) DATE OF BIRTH  June 20, 1923   
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**FATHER.**  
 (13) FULL NAME  Clyde Waters   
 (14) PRESENT POSTOFFICE OF FATHER  Tuscaloosa, D.C.   
 (15) COLOR OR RACE  W  (16) AGE AT LAST BIRTHDAY  35   
 (17) BIRTHPLACE  S.C.   
 (18) OCCUPATION  mill work   
 (19) Number of children born to mother, including present birth  1

**MOTHER.**  
 (20) NAME BEFORE MARRIAGE  Ethel Robbins   
 (21) PRESENT POSTOFFICE OF MOTHER  Tuscaloosa, D.C.   
 (22) COLOR OR RACE  W  (23) AGE AT LAST BIRTHDAY  37   
 (24) BIRTHPLACE  D.C.   
 (25) OCCUPATION  house wife   
 (26) Number of children of this mother now living, including present birth  1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(28) (Signature)  S.B. Moore  (29) Address of Physician or Midwife  Tuscaloosa, D.C.   
 (30) State whether Physician or Midwife  Yes

Given name added from a supplemental report

(31) Witness ..... (Signature of Witness necessary only when question 3 is signed by mark)

(32) Filed  July 1, 1923  (33)  S.B. Moore  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.