

Form No. 1

## (1) PLACE OF BIRTH

County of NewberryTownship of # 4or  
Inc. Town of.....or  
City of.....(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Philip Waits

File No.—For State Registrar Only

39496

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3406 Registered No. 40

(For use of Local Registrar)

(3) BOY OR GIRL? Boy(4) Twin or Triplet? No  
To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Nov 30 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Lussie Waits

(9) PRESENT POSTOFFICE OF FATHER

Newberry R4

(10) COLOR OR RACE

B(11) AGE AT LAST BIRTHDAY 2  
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farming

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

Margie (Waits)

(15) PRESENT POSTOFFICE OF MOTHER

Newberry R4

(16) COLOR OR RACE

B(17) AGE AT LAST BIRTHDAY 2  
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farm help

(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 born alive at 12 P.M.  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.(23) (Signature) Maggie Williams

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Newberry R4

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Dec 10 1922 (28) W. B. Boulware  
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.

MARGIN RESERVATION FOR BINDING. WRITE PLAINLY, WITH UNFADING INK, IN THESE SPACES, THE FULL NAME OF CHILD, and mark the case of TWINS OR TRIPLETS. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. M. M.—In case of TWINS OR TRIPLETS, the child is to be reported as stillborn, if it breathes even once, before the fifth month of pregnancy. M. M.—In case of TWINS OR TRIPLETS, the child is to be reported as stillborn, if it breathes even once, before the fifth month of pregnancy.