

(1) PLACE OF BIRTH

County of Marathon
 Township of Red Hill
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only
 4637

Registration District No.

Registered No. 2
 (For use of Local Registrar)

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

(2) Full Name of Child Douglas Waters

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

3. BOY OR GIRL Boy

4. Twin or Triplet
 To be answered only in event of Twin or Triplet

5. Number in order of birth

6. Are Parents Married yes

7. DATE OF BIRTH Feb. 2, 1923
 Name of Month Year

FATHER.

8. FULL NAME Etheridge Waters

9. PRESENT POSTOFFICE OF FATHER Brunswick SC

10. COLOR OR RACE Wh

11. AGE AT LAST BIRTHDAY 23

12. BIRTHPLACE Scotland Co. NC

13. OCCUPATION Teetotal worker

14. Number of children born to mother, including present birth 3

MOTHER.

14. NAME BEFORE MARRIAGE Mattie Freeman

15. PRESENT POSTOFFICE OF MOTHER Brunswick SC

16. COLOR OR RACE Wh

17. AGE AT LAST BIRTHDAY 22

18. BIRTHPLACE Marathon Co

19. OCCUPATION Domestic

20. Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

21. I hereby certify that I attended the birth of this child, who was born alive at 30 A.M. on the date above stated. (born alive or stillborn Hour A. M. or P. M.)

(22) (Signature) Douglas Waters

(23) Name of Physician or Midwife Thompson

(24) Address of Physician or Midwife 112 Liberty St

Given name added from a supplemental report

ONE WITNESS

(Signature of Witness necessary only when question 21 is signed by mother)

(25) J. H. Harris
 Local Registrar.

*When there was no birth of a child, the mother, physician, etc., should make this return.

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