

Form No. 1

(1) PLACE OF BIRTH

County of NewberryTownship of S.C.or
Inc. Town ofor
City of

(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 HealthRegistration District No. 3406

File No.—For State Registrar Only

39497Registered No. 39
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child Christina Waits

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

(3) BOY OR GIRL Girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 21, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Waits(9) PRESENT POSTOFFICE OF FATHER Newberry RFD 4(10) COLOR OR RACE R (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Essie (Waits)(15) PRESENT POSTOFFICE OF MOTHER Newberry RFD 4(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 31
(Years)(18) BIRTHPLACE South Carolina(19) OCCUPATION Farm Help(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 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 R 4

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) N. L. Bonhomme
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 RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—FILL IN A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTAL BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.