

(1) PLACE OF BIRTH

County of GeorgetownTownship of St. X

OF

Inc. Town of

OF

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 Health

No. 10.—For State Registrar Only

40406

Registration District No. 212Registered No. 150
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Mildred Elizabeth Watters

Child is not yet named, make supplemental report as directed

(3) SEX OR
GIVEN
Female(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 Mar 2 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMESamuel James Watters(9) PRESENT
POSTOFFICE
OF FATHERAndrews SC(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY39
(Years)

(12) BIRTHPLACE

Willsandy Cong. SC

(13) OCCUPATION

Clerk(14) Number of children born to
mother, including present birth1

MOTHER.

(14) NAME BEFORE
MARRIAGEEthel Estelle Brown(15) PRESENT
POSTOFFICE
OF MOTHERAndrews SC(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY24
(Years)

(18) BIRTHPLACE

Willsandy Cong. S.C.

(19) OCCUPATION

Domestic(20) Number of children of this mother
now living, including present birth1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 10 AM.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) S. J. Watters

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife
Andrews SCGiven name added from a supplement-
al report(25) Whom
(Signature of Witness necessary only
when question 25 is signed by mark)(26) Filed Mar 24 1923 (27) R. B. ZanderWhen there was no attending physician or midwife, then the father, householder, etc.,
If a child breathes even once, it must not be reported as stillborn. No report is
before the fifth month of pregnancy.