

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.  
 McCaw of Columbia.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Buller  
 or  
 Inc. Town of .....  
 or  
 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

Registration District No. 720 Registered No. 1105  
 (For use of Local Registrar)

File No.—For State Registrar Only  
12181

(2) Full Name of Child Maggie Rose Waters child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u> <small>To be assigned only in case of twins or triplets.</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec 17 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.		MOTHER.		
(8) FULL NAME <u>Mrs. M. Waters</u>		(14) NAME BEFORE MARRIAGE <u>Miss Clewett</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Simpsonville S.C. Rte #1</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Simpsonville S.C. Rte #2</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>47</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville Co</u>		(18) BIRTHPLACE <u>Spartanburg Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 3 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. F. M. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Greenville S.C. Rte #5

Given name added from a supplemental report  
Mary 1916  
C. W. Miller  
Miller Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan 8 1916 (28) J. A. Jones Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make a 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.

W N McCaw. \*When there was no attending physician or midwife, then the father, householder, etc., should make a 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.