

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 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Dee

Township of Walter

OR

Inc. Town of

OR

City of Westminster

(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. 3505

File No.—For State Registrar Only
19615

Registered No. 96
(For use of Local Registrar)

(2) Full Name of Child

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

| | | | | |
|---|--|-----------------------------|--|---|
| 3) BOY OR GIRL <u>Boy</u> | 4) Twin or Triplet? To be answered only in event of Twins or Triplets | 5) Number in order of birth | 6) Are Parents Married? <u>yes</u> | 7) DATE OF BIRTH <u>June 11, 1922</u> (See of Month) (Day) (Year) |
| FATHER. | | | MOTHER. | |
| 8) FULL NAME <u>Like E. Waters</u> | | | 14) NAME BEFORE MARRIAGE <u>Mamie E. Freeman</u> | |
| 9) PRESENT POSTOFFICE OF FATHER <u>Westminster S.C.</u> | | | 15) PRESENT POSTOFFICE OF MOTHER <u>Same</u> | |
| 10) COLOR OR RACE <u>White</u> | | | 16) COLOR OR RACE <u>White</u> | |
| 11) AGE AT LAST BIRTHDAY <u>37</u> (Years) | | | 17) AGE AT LAST BIRTHDAY <u>36</u> (Years) | |
| 12) BIRTHPLACE <u>Georgia</u> | | | 18) BIRTHPLACE <u>Dee</u> | |
| 13) OCCUPATION <u>Cotton mill Operator</u> | | | 19) OCCUPATION <u>House wife</u> | |
| 20) Number of children born to mother, including present birth <u>Eighth</u> | | | 21) Number of children of this mother now living, including present birth <u>Eighth</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at 6:50 M., on the date above stated. (Born alive or stillborn) (Hour) (P. M.)

(23) (Signature) F. T. Simpson M.D.
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Westminster S.C.

Given name added from a supplemental report

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

(27) Filed July 6, 1922 (28) F. T. Hull
Registrar 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.

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