

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only  
52117

County of Florence STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

Township of .....

or  
Inc. Town of ..... Registration District No. 20-A Registered No. 5-4  
or  
City of Florence (No. 12 E Frank St.: 11 Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Winnifred Waters } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH March 14 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm. Waters

(14) NAME BEFORE MARRIAGE Emma Lee Hughes

(9) PRESENT POSTOFFICE OF FATHER Florence S.C.

(15) PRESENT POSTOFFICE OF MOTHER Florence

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Years)

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE S.C.

(18) BIRTHPLACE S.C.

(13) OCCUPATION Clk.

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 3

(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 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. H. Rhodes (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Phys Florence 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 3/22 1916 (28) M. H. Jaeger 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.

Registrar | (27) Filed 3/22 1916 (28) M. H. Jaeger Local Registrar

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FORM NO. 8  
MAY 1915  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the  
M. B.—