

## 1. PLACE OF BIRTH

County of York  
 Township of Richville  
 or  
 Inc. Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILE No.—For State Registrar

14807

Registration District No. 4007 Registered No. \_\_\_\_\_  
 (For use of Local Registrar)

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2. Full Name of Child Edith Hattie 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

Oct. 17 1927  
 (Name of Month) (Day) (Year)

## FATHER

8. FULL NAME

E. C. Waters

9. PRESENT POSTOFFICE OF FATHER

Green S. C. R-3

10. COLOR OR RACE

white

11. A. E. AT LAST BIRTHDAY

27 (Years)

12. BIRTHPLACE

S. C.

13. OCCUPATION

Farmer

## MOTHER

14. NAME BEFORE MARRIAGE

Mabel Brochman

15. PRESENT POSTOFFICE OF MOTHER

Green S. C. R-3

16. COLOR OR RACE

white

17. AGE AT LAST BIRTHDAY

23 (Years)

18. BIRTHPLACE

S. C.

19. OCCUPATION

Domestic

20. Number of children born to mother, including present birth

4

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

23. Signature

R. F. McGowan M.D.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness

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

27. Filed

Oct 27192728. S. C.

Local Registrar

19  
 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—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

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