

1. PLACE OF BIRTH

County of York
 Township of Windsor
 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 <u>girl</u>	4. Twin or Triplet?	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Oct. 17 1923</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
8. FULL NAME <u>E. C. Waters</u>	14. NAME BEFORE MARRIAGE <u>Mabel Brochman</u>			
9. PRESENT POSTOFFICE OF FATHER <u>Green S. C. R-4</u>	13. PRESENT POSTOFFICE OF MOTHER <u>Green S. C. R-3</u>			
10. COLOR OR RACE <u>white</u>	11. A. E. AT LAST BIRTHDAY <u>27</u> (Years)	16. COLOR OR RACE <u>white</u>	17. AGE AT LAST BIRTHDAY <u>23</u> (Years)	
12. BIRTHPLACE <u>S. C.</u>	18. BIRTHPLACE <u>S. C.</u>			
19. OCCUPATION <u>Farmer</u>	19. OCCUPATION <u>Domestic</u>			
20. Number of children born to mother, including present birth <u>4</u>		21. Number of children of this mother now living, including present birth <u>3</u>		

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 27 192328. J. P. O'Leary

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.

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