

(1) PLACE OF BIRTH  
County of **Abbeville**  
Township of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**17253**

Inc. Town of ..... Registration District No. **1A** Registered No. **99**  
(For use of Local Registrar)  
or **Abbeville** **20 Maple** **3rd**  
City of ..... (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 **Dewitt James Waters** ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <b>Boy</b>	(4) Twin or Triplet? <b>Triplet?</b> <small>To be answered only in event of twins or triplets</small>	(5) Number in order of birth <b>3</b>	(6) Are Parents Married? <b>Yes</b>	(7) DATE BIRTH <b>June 26 22</b> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <b>Dewitt Waters</b>			(14) NAME BEFORE MARRIAGE <b>Roberta Hutch inson</b>	
(9) PRESENT POSTOFFICE OF FATHER <b>Abbeville, S.C.</b>			(15) PRESENT POSTOFFICE OF MOTHER <b>Abbeville, S.C.</b>	
(10) COLOR OR RACE <b>White</b>			(16) COLOR OR RACE <b>White</b>	
(11) AGE AT LAST BIRTHDAY <b>20</b> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <b>18</b> <small>(Years)</small>	
(12) BIRTHPLACE <b>Abbeville Co.</b>			(18) BIRTHPLACE <b>Abbeville Co.</b>	
(13) OCCUPATION <b>Mill work</b>			(19) OCCUPATION <b>House wife</b>	
(20) Number of children born to mother, including present birth <b>1</b>			(21) Number of children of this mother now living, including present birth <b>1</b>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was **alive** at **3.30** P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Geo. Cambrell, M.D.**  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

**Physician Abbeville S.C.**

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed **July 1, 1922** (28) **Miss Julie McCallister**  
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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THIS IS A PERMANENT RECORD.  
N. D.—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.  
McCauley of Columbia