

(1) PLACE OF BIRTH
County of W. York
Township of Jordan
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 Only
83846

Registration District No. 4304 Registered No. 132
(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 Ellie Waterman } 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? Y (7) DATE OF BIRTH Oct 10 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Sam Waterman
(9) PRESENT POSTOFFICE OF FATHER Hannway SC
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE SC
(13) OCCUPATION Farm
(20) Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE May Jane Brown
(15) PRESENT POSTOFFICE OF MOTHER Hannway SC
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE SC
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3 a M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rosa P. Rogers
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hannway SC

Given name added from a supplemental report
..... 191.....

(26) Witness Sam Waterman
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Oct 19 1914 (28) L. H. Good 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 sixth 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.
Machinery of Columbia

THIS IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR AND NOT TO BE RETURNED TO THE BIRTHPLACE