CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
53932

(1) PLACE OF BIRTH

County of Sumter

Township of Shiloh

or
Inc. Town of ..... Registration District No. 4107 Registered No. 22
(For use of Local Reistrar)

or
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 Gladys Elizabeth Watford } 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
To be answered only in event of Twins or Triplets
(Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Geo. M. Watford	(14) NAME BEFORE MARRIAGE Nora Watford
(9) PRESENT POSTOFFICE OF FATHER Lynchburg S.C.	(15) PRESENT POSTOFFICE OF MOTHER Lynchburg, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(12) BIRTHPLACE Darlington County	(18) BIRTHPLACE Darlington County
(13) OCCUPATION Farmer	(19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth 10	(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2.55 P.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) F. M. Griffin M.D.

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife Lynchburg S.C.

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

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

(27) Filed Mar 20 1916 (28) L. B. McElveen
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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(copy from original in pencil.)

FORM NO. 4. 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.
McCaw, of Columbia.