

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

City of Florence(No. 62 Pine St.; 2 Ward)
if birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthNo. 40183 - For State Registrar Only

40183

Registration District No. 20-A Registered No. 3923
(For use of Local Registrar)(2) Full Name of Child Mary Elizabeth Waters If child is not yet named, make supplemental report as directed1) BOY OR GIRL girl 2) Type of Birth Normal 3) Number in order of birth 1 4) Are Parents Married yes 5) DATE OF BIRTH 12-6-23
(Name of Month) (Day) (Year)

FATHER.

6) FULL NAME Lewis E. Waters7) PRESENT POSTOFFICE OF FATHER Florence10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 27
(Year)12) BIRTHPLACE Florence Co.13) OCCUPATION Salesman20) Number of children born to mother, including present birth 2

MOTHER.

14) NAME BEFORE MARRIAGE Sadie May Garrison15) PRESENT POSTOFFICE OF MOTHER Florence16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 29
(Year)18) BIRTHPLACE Marion Co

19) OCCUPATION

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated.
(Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) E. H. Kilders
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date 12-8-23 (28) P. H. Anderson, M.D.
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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