

Form No. 1

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

File No.—For State Registrar Only
87500

1) PLACE OF BIRTH

County of **Spartanburg**Township of **11**

or

Inc. Town of

or

City of

Registration District No. **4008**Registered No. **716**

(For use of Local Registrar)

(No. of 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 **George W. Waters** If child is not yet named, make supplemental report as directed3) BOY OR GIRL **B** (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? **yes** (7) DATE OF BIRTH **Oct 5 1916** (Name of Month) (Day) (Year)

FATHER.

4) FULL NAME **Tom Waters**5) PRESENT POSTOFFICE OF FATHER **Borbeck RD**6) COLOR OR RACE **C** (11) AGE AT LAST BIRTHDAY **21** (Years)7) BIRTHPLACE **S.C.**8) OCCUPATION **Farmer**9) Number of children born to mother, including present birth **1**

MOTHER.

(14) NAME BEFORE MARRIAGE **Gertrude Fuller**(15) PRESENT POSTOFFICE OF MOTHER **Borbeck RD**(16) COLOR OR RACE **C** (17) AGE AT LAST BIRTHDAY **19** (Years)(18) BIRTHPLACE **S.C.**(19) OCCUPATION **House wife**(21) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at (Hour A. M. or P. M.) on the date above stated. **9 P**(23) (Signature) **Gertrude W. Fuller** (25) Address of Physician or Midwife

(24) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **E. F. Parker**(27) Filed **Nov 29 1916** (28) **E. F. Parker** 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.