(1) PLACE OF BIRTH

County of Spartanburg

Township of Woodruff

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... 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 Health

File No.—For State Registrar Only
53865

Registration District No. 4009 Registered No. 38
(For use of Local Registrar)

(2) Full Name of Child Lauderum Eugene Waddle

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	(To be answered only in event of Twins or Triplets)		yes	March 19 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME William Waddle.	(14) NAME BEFORE MARRIAGE Nellie Cox
(9) PRESENT POSTOFFICE OF FATHER Woodruff, S.C.	(15) PRESENT POSTOFFICE OF MOTHER Woodruff, S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE Spartanburg Co.	(18) BIRTHPLACE Spartanburg Co.
(13) OCCUPATION Farmer	(19) OCCUPATION House wife
(20) Number of children born to mother, including present birth 7	(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 7 a. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. Tillmore M.D.

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Woodruff, 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 April 11 1916 (28) Thos. L. Baughman
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.

fifth month of pregnancy.