

(1) PLACE OF BIRTH

County of Charleston
 Township of Marblehead
 OF
 Inc. Town of
 OF
 City of (No. St.; Ward)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

27556

Registration District No. 915 Registered No. 51
 (For use of Local Registrar)

(2) Full Name of Child

Henry Waite (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Member in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 26 1903
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isaiah Waite
 (9) PRESENT POSTOFFICE OF FATHER Lowland
 (10) COLOR OR RACE Red (11) AGE AT LAST BIRTHDAY 32 (Year)
 (12) BIRTHPLACE Lowland
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Fraser
 (15) PRESENT POSTOFFICE OF MOTHER Lowland
 (16) COLOR OR RACE Red (17) AGE AT LAST BIRTHDAY 34 (Year)
 (18) BIRTHPLACE Lowland
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Maria Williams
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lowland

Given name added from a supplemental report

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

(27) Filed Sept 26 1903 (28) W. H. Hill 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Form 100, Columbia, S. C.