

(1) PLACE OF BIRTH

County of Spartanburg
Township of Woodruff
or
In Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5300

City of

Registration District No. 4-009Registered No. 20

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. George Lee Waters

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

(8) FULL NAME

Cliff Waters

(14) NAME BEFORE MARRIAGE

Maggie Waters

(9) PRESENT POSTOFFICE OF FATHER

Woodruff S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Woodruff S.C.

(10) COLOR OR RACE

col

(11) AGE AT LAST BIRTHDAY

35 (Years)

(16) COLOR OR RACE

col

(17) AGE AT LAST BIRTHDAY

33 (Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

6

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12:30 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Edith Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Med. W.Woodruff S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Mar 12, 1923

(28)

Chas. L. Boster

Local Registrar

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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