No. 1.

(1) PLACE OF BIRTH

County of Richland

Township of Lower

or

Inc. Town of .....

or

City of .....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
78979

Registration District No. 3803 Registered No. 264
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. ..... St.; ..... Ward)

(2) Full Name of Child Carrie Waters

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 — To be answered only in event of Twins or Triplets | (6) Are Parents Married? yes | (7) DATE OF BIRTH Aug 21 1906 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Waters

(9) PRESENT POSTOFFICE OF FATHER Eastover SC

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Miles

(15) PRESENT POSTOFFICE OF MOTHER Eastover SC

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Farm Hand

(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 alive (Born alive or stillborn) at 7 P. M., (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Lessie Williams
(24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife EASTOVER

Given name added from a supplemental report .....

..... 19 .....
Registrar

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

(27) Filed Sept 21 1906 (28) [illegible]
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.