

1) PLACE OF BIRTH

County of Spartanburg  
Township of Woodruff  
City of \_\_\_\_\_

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

File No.—For State Registrar Only  
**53855**

Registration District No. 4009 Registered No. 30  
(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 Henry Benton Waddell 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 Mar 4 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.  
1) FULL NAME William Thomas Waddell  
2) PRESENT POSTOFFICE OF FATHER Woodruff S.C. R.F.D. #1  
3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 82 (Years)  
4) BIRTHPLACE Spartanburg Co.  
5) OCCUPATION Farmer  
6) Number of children born to mother, including present birth 1

MOTHER.  
14) NAME BEFORE MARRIAGE Sula Starns  
15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C. R.F.D. #1  
16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)  
18) BIRTHPLACE Union County  
19) OCCUPATION Housewife  
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 (Born alive or stillborn) 9 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) H. H. Workman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 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 Apr 11 1916 (28) Chas. L. Royster 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.

REGISTRAR LOCAL REGISTRAR

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Vertical text on the left margin: STATE OF SOUTH CAROLINA, BUREAU OF VITAL STATISTICS, SPARTANBURG, S. C.