

MARGIN RESERVED FOR BINDING.
 WHITE PLAINS, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Spartanburg
 Township of
 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

32122

Registration District No. 10-0 Registered No. 415
 (For use of Local Registrar)

(No. 140 Johnson St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Herbert Darius Waters Jr. If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet? To be answered only in case of Twins or Triplets	5) Number in order of birth <u>6</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>Sept 9 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Herbert Darius Waters</u>			10) NAME BEFORE MARRIAGE <u>Laura Hooker</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Spartanburg, S.C.</u>			11) PRESENT POSTOFFICE OF MOTHER <u>Spartanburg, S.C.</u>	
10) COLOR OR RACE <u>W</u>			11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	
12) BIRTHPLACE <u>Draughton Co. S.C.</u>			13) COLOR OR RACE <u>W</u>	
13) OCCUPATION <u>Merchant.</u>			14) AGE AT LAST BIRTHDAY <u>44</u> (Years)	
14) Number of children born to mother, including present birth <u>6</u>			15) BIRTHPLACE <u>Madison Co. S.C.</u>	
15) Number of children of this mother now living, including present birth <u>5</u>			16) OCCUPATION <u>at home.</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, born alive at 3:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. H. Tucke
 (24) State whether Physician or Midwife Phys (25) Address of Physician or Midwife Spartanburg, S.C.

Given name added from a supplemental report	(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
.....	(27) Filed <u>10-1-22</u> (28) <u>Jas. Cooper</u> 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.

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