Record of Death

Provided by South Carolina Department of Corrections, March 8, 2023

Name: WATTS, HAROLD

SCDC#: 127180

Sex: M

Race/ethnicity: Black or African American, not of Hispanic origin

Age at death: 61

Date of commitment: 04/10/2013

Date of death: 04/15/2022

Cause of death: Natural Cause

Assigned institution: BROAD RIVER

Death location: OUTSIDE MEDICAL

DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
REPORT OF INMATE DEATH

(Sections 24-9-35 and 17-7-10, South Carolina Code of Laws)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)
(SCDC Policies/Procedures HS-18.04 and PS-10.05)

1. FACILITY [redacted] HOSPITAL
2. NAME OF DECEASED: WATTS,HAROLD SCDC# 127180
3. HOME ADDRESS: [redacted]
4. DESCRIPTION: DOB [redacted] HEIGHT 5'6' WEIGHT 149LBS HAIR BLACK
   EYES BROWN SEX MALE RACE BLACK SOC SEC # N/A
5. ARRESTING OFFENSE(S): ATTEMPTED MURDER / BURGLARY- 1ST DEGREE
   SENTENCED ☑ PRETRIAL ☐
6. DATE AND TIME OF COMMITMENT: 4/15/2022 @ 4:50AM
7. NAME AND ADDRESS OF RELATIVE(S) OF THE DECEASED CONTACTED: N/A
8. RECORD OF DECEASED INMATE'S PHYSICAL CONDITION UPON ADMISSION: N/A
9. CAUSE OF DEATH: STAGE FOUR CANCER
10. TIME AND DATE OF DEATH: 4:50 a.m. ____ p.m. 15 day APRIL month 2022 year
11. NAME OF DOCTOR WHO PRONOUNCED DEATH: DR.RHOADES
12. NAME OF CORONER WHO ORDERED AUTOPSY: CORONER ANIQUA HOSSAIR
13. AUTOPSY PERFORMED BY: ____
14. NAME OF PERSON DISCOVERING DECEASED, TIME DISCOVERED, AND LOCATION WITHIN FACILITY: OFFICER TYATTA DAVIS HOSPITAL SECURITY AND OFFICER YVONNE FIELDS ALLIED SECURITY
15. AT THE TIME OF DEATH: 11 (Actual Count) 22 (# of Officers on Duty)
16. WHEN INMATE WAS LAST SEEN ALIVE: APPROXIMATE 4:49AM

NOTIFY BY TELEPHONE AT: (803) 896-8502

MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF COMPLIANCE, STANDARDS, AND INSPECTIONS
POST OFFICE BOX 21787
COLUMBIA, SOUTH CAROLINA 29221

Renee Wright
SIGNATURE OF OFFICIAL MAKING REPORT

Captain
TYPED OR PRINTED TITLE OF OFFICIAL

4/15/2022
DATE OF REPORT

SCDC 8-2 (Revised July 1, 2011)

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS

DEATH OF ANY INMATE IN JAIL OR PRISION

(Section 24-9-35 and 17-7-10)
(Standards 1047 and 1049, Minimum Standards for Local Detention Facilities in South Carolina)

1. Facility: [redacted] **Hospita** [redacted]
2. Name of Deceased: Watts ,Harold SCDC: **127180**
3. Home Address:

4. Description: Height: Weight: Hair:

   Eyes: Sex: Race: SSN:

5. Arresting Offense(s):

6. Date and time of commitment:

7. Name and address of relative(s) notified:

8. Record of deceased inmate's physical condition upon admission:

9. Cause of Death: **Stage 4 Cancer**

10. Time and date of death: **4:50 am / 4/15/2022**
11. Name of Doctor who pronounced the death: Dr. Rhoades
12. Name of Coroner: N/A

13. Autopsy performed by: **N/A**

14. Name of person(s) discovering deceased, time of discovery and location within facility:
    Officer Davis (HST) Ofc. Fields (Allied) 4: 50-an [redacted]
15. At the time of death **(Actual Inmate Count) 11 (Number of Officers on Duty) 22**

16. When was inmate last seen alive: **Approximately 4:49 a.m.**

NOTIFY BY TELEPHONE: **BRCI-Capt. Wright, Chaplin Truitt EAC- Lt. Hurley**
MAIL OR DELIVER REPORT TO:

SOUTH CAROLINA DEPARTMENT OF CORRECTIONS
DIVISION OF DETENTION AND CORRECTIONAL INSPECTIONS
Post Office Box 21787
Columbia SC 29221

SIGNATURE OF OFFICIAL MAKING REPORT

LT Fordy
TYPED OR PRINTED TITLE OF OFFICIAL

4/15/2022
DATE OF REPORT

SCDC 8-2 (REVISED MAY, 1997)