

Form No. 1

(1) PLACE OF BIRTH

County of Urb.Township of city

or

Inc. Town of

or

City of Greenville

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43934

Registration District No. 36.9 Registered No. 190

(For use of Local Registrar)

(No. 21 Cornetown St.; Ward)(2) Full Name of Child Robert Lee Weingard

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

Dec 17, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harry Weingard

(9) PRESENT POSTOFFICE OF FATHER

Greenville SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

25
(Years)

(12) BIRTHPLACE

Holly Hill

(13) OCCUPATION

Cotton mill work

MOTHER.

(14) NAME BEFORE MARRIAGE

Winnifred Briggs

(15) PRESENT POSTOFFICE OF MOTHER

Box 88

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

16
(Years)

(18) BIRTHPLACE

Burke Co GA

(19) OCCUPATION

Work in Cotton Mill

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

1

(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 at 11.9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Dr. Dean

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Greenville SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed 12-29 19 22 (28) W. H. Dean 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.