

## (1) PLACE OF BIRTH

County of LaurieTownship of Scuffletown

Inc. Town of .....

City of .....

(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

22898

Registration District No. 2905Registered No. 30  
(For use of Local Registrar)(2) Full Name of Child John Wade Weathers

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓  
To be answered only in event of Twins or Triplets(5) Number in order of birth 5(6) Are Parents Married? yes(7) DATE OF BIRTH June 21 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sanford Thomas Weathers(9) PRESENT POSTOFFICE OF FATHER Chilton, S.C. R.F.D. #1(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35  
(Years)(12) BIRTHPLACE Lancaster County(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth Five

## MOTHER.

(14) NAME BEFORE MARRIAGE Stevellyn Nelson(15) PRESENT POSTOFFICE OF MOTHER Chilton, S.C. R.F.D. #1(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Lancaster County(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Chilton, 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 July 12 1922 (28) L. Dorman 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.

\*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.