Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 31558

(1) PLACE OF BIRTH

County of Anderson
Township of Millington
or
Inc. Town of Pelzer SC.
or
City of .....

Registration District No. 3D Registered No. 157 (For use of Local Registrar)

(No. ..... 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 Frank Tallison Weisner

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

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 19 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Francis B. Weisner

(9) PRESENT POSTOFFICE OF FATHER Piedmont SC R F W

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 41 (Years)

(12) BIRTHPLACE SC.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 6

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Tallison

(15) PRESENT POSTOFFICE OF MOTHER Piedmont SC. R F W

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE SC.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 5:30 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) M T Mohn

(24) State whether Physician or Midwife Lic

(25) Address of Physician or Midwife Pelzer SC

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 22 1923 (28) M L Crenshaw Sub 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.

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY. 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.
Mecan of Columbia, Columbia, S. C.