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WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

MARGIN RESERVED FOR BINDING

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH County of <u>Richland</u> Township of _____ or Inc. Town of _____ City of <u>Columbia</u> (No. <u>2434</u> St. <u>Millwood Ave</u> Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>\$ 38</u>		FILE No.—For State Registrar Only <u>04931</u>	
2. FULL NAME OF CHILD <u>Paul Durham Weston</u>		{ If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>X</u>	4. Twin, triplet or other _____	5. Number, in order of birth _____	6. Premature _____	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>April 16</u> , 1922 (Month, day, year)
9. Full name FATHER <u>English Weston</u>			18. Name before marriage MOTHER <u>Annie Belle Raney</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Columbia, S.C. 2434 Millwood</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>2434 Millwood Ave Columbia</u>		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>28</u> (years)		20. Color or race <u>Negro</u>	
13. Birthplace (city or place) (State or country) <u>South Carolina</u>		21. Age at child's birth <u>18</u> (years)		22. Birthplace (city or place) (State or country) <u>South Carolina</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Carpenter</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Teacher</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____	
15. Date (month and year) last engaged in this work _____		16. Total time (years) spent in this work <u>12</u>		25. Date (month and year) last engaged in this work _____	
17. Total time (years) spent in this work _____		18. Total time (years) spent in this work _____		26. Total time (years) spent in this work <u>9 yrs.</u>	
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>2</u> (b) Born alive but now dead _____ (c) Stillborn _____					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____ Before labor _____ During labor _____			

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was \_\_\_\_\_ at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Given name added from  
a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Mrs. Annie Belle Weston, Parent

or \_\_\_\_\_ Guardian SC  
Address 2434 Millwood Ave Columbia

Filed 6-9, 19 42 M.B. Woodward Registrar M.D.

Registrar.