

(1) PLACE OF BIRTH

County of Lanier
 Township of Lanier
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
30996

Registration District No. 2904 Registered No. 103
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Young Weather If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1st</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 8 72</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Dr. Weather</u>			(14) NAME BEFORE MARRIAGE <u>Chedia Boyd</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Watts miss</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Watts miss</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>39</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Lanier Co</u>		(18) BIRTHPLACE <u>NC</u>		
(13) OCCUPATION <u>Miss Operator</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>8</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 2:45 P.M. (Born alive or stillborn) (Hour, M. or P.M.)
 on the date above stated.

(23) (Signature) James H. Walker
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Lanier Co

Given name added from a supplemental report

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

(27) Filed Sept 10 72 (28) L. E. Boyd 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.

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