

## (1) PLACE OF BIRTH

County of Manhasset

Township of .....

or  
Inc. Town of .....or  
City of Barnettville

(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

39384

Registration District No. 33ARegistered No. 116

(For use of Local Registrar)

## (2) Full Name of Child

Clarence Eugene Weatherly

(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  
1(6) Are Parents Married?  
yes

(7) DATE OF BIRTH

11/14/22  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

C. E. Weatherly

(9) PRESENT POSTOFFICE OF FATHER

Barnettville S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

39  
(Years)

(12) BIRTHPLACE

Manhasset County

(13) OCCUPATION

Farmer

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

5

## MOTHER.

(14) NAME BEFORE MARRIAGE

Emmie Trust

(15) PRESENT POSTOFFICE OF MOTHER

Barnettville S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

35  
(Years)

(18) BIRTHPLACE

New York County

(19) OCCUPATION

Housewife

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

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:45 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec. 5

(28)

Mr. W. H. Pate

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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