

WIFE. PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
H. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.
FIRST-BORN, No. 1, TAKE OTHER, No. 2, etc. In question 2.

(1) PLACE OF BIRTH
County of Johnston
Township of Beach Springs
or
In. Town of
or
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
42815

Registration District No. 4 Registered No. 61
(For use of Local Registrar)

(2) Full Name of Child Charles Henry Weir .. | If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <u>Boy</u>		(4) Twin or triplet? <u>1</u>		(5) Number in order of birth <u>1</u>		(6) Are Parents Married? <u>Yes</u>		(7) DATE OF BIRTH <u>Sept 12 1925</u> Name (Month) (Day) (Year)	
FATHER.						MOTHER.			
(8) FULL NAME <u>Clarence Weir</u>		(14) NAME BEFORE MARRIAGE <u>Pauline Howe</u>		(9) PRESENT POSTOFFICE OF FATHER <u>Tracyan Sp</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Tracyan Sp</u>		(10) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>36</u> (Years)		(16) COLOR OR RACE <u>White</u>		(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)		(18) BIRTHPLACE <u>Shartanbury Co</u>		(19) OCCUPATION <u>House Miss</u>	
(12) BIRTHPLACE <u>Shartanbury Co</u>		(20) Number of children born to mother, including present birth <u>Two (2)</u>		(21) Number of children of this mother now living, including present birth <u>Two (2)</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 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 supplement-
tal report

(26) Witness
 (Signature of Witness necessary only
 when question 23 is signed by maker)
 (27) Filed Sept 17 1932 (28) E. D. Moore
 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.

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.