

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.
 McCaw, of Columbia.

(1) PLACE OF BIRTH
 County of Charleston
 Township of
 OR
 Inc. Town of
 OR
 City of Charleston
 (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
84651

7A

Registered No. 1789
 (For use of Local Registrar)

(2) Full Name of Child Charles William Henry Weber Jr. } 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	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov 17 1916</u> (Name of Month) (Day) (Year)
FATHER. (8) FULL NAME <u>Wm. H. Weber</u> (9) PRESENT POSTOFFICE OF FATHER <u>614 King St. Charleston S.C.</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>33</u> (Years) (12) BIRTHPLACE <u>Charleston S.C.</u> (13) OCCUPATION <u>Clerk</u> (20) Number of children born to mother, including present birth <u>2</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Margaret Josephine Schumaker</u> (15) PRESENT POSTOFFICE OF MOTHER <u>614 King St. Charleston S.C.</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>28</u> (Years) (18) BIRTHPLACE <u>Charleston S.C.</u> (19) OCCUPATION <u>Housewife</u> (21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive, at 5 2 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) James L. Dawson M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 82 Fadd St.

Given name added from a supplemental report
 191.....

 Registrar

(26) Witness
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filled 11/19 1916 (28) James L. Dawson 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.

Reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
 Filed 10/24/16
 Registrar.