

## (1) PLACE OF BIRTH

County of Marlboro

Township of .....

or  
Inc. Town of .....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 HealthRegistration District No. 329 A Registered No. 91  
(For use of Local Registrar)File No. — For State Registrar Only  
**35609**(2) Full Name of Child Johy Jacob Weaver (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> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>10/1/22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME J. Weaver  
(9) PRESENT POSTOFFICE OF FATHER Barnettville S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE Wilmington, C. S.  
(13) OCCUPATION Super. B. Tel. & Tel. Co.

(14) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Effie Bonds  
(15) PRESENT POSTOFFICE OF MOTHER Barnettville

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(Years)

(18) BIRTHPLACE Barnettville  
(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Barnettville

Given name added from a supplemental report

19 22 Registrar

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

(27) Filed Nov. 1, 1922 (28) Mo. J. W. Peto 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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