

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Registrar Only

586

County of *Charleston*Township of *McClellanville*

or

Inc. Town of

or

City of

(No.)

Registered No. 3

(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 *John Henry Weston*

If child is not yet named, make supplemental report as directed

(3) SEX OR
CHILD *Boy*(4) Twin
or Triplet(5) Number in
order of birth *1*(6) Are
Twin
Marked *yes*(7) DATE OF
BIRTH *Jan 23 1923*
(Month) (Day) (Year)

FATHER.

(8) FULL
NAME *Willie Weston*(9) PRESENT
POSTOFFICE
OF FATHER *McClellanville*(10) COLOR
OR
RACE *Negro*(11) AGE AT LAST
BIRTHDAY *21*

(Year)

(12) BIRTHPLACE *Charleston Co*(13) OCCUPATION *Day Laborer*(14) Number of children born to
mother, including present birth *1*

MOTHER.

(15) NAME BEFORE
MARRIAGE *Clara Green*(16) PRESENT
POSTOFFICE
OF MOTHER *McClellanville*(18) COLOR
OR
RACE *Negro*(17) AGE AT LAST
BIRTHDAY *21*

(Year)

(19) BIRTHPLACE *Charleston Co*(20) OCCUPATION *Day Laborer*(21) Number of children of this mother
now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *John Henry Weston* at *9 A.M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Kate Weston*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *McClellanville*Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed *Jan 23 1923*(28) *E. E. Beckman*
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.