

(1) PLACE OF BIRTH

County of SumterTownship of Stateburg

or

Inc. Town of

or

City of

(No. St. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Arnett Weiters

File No.—For State Registrar Only

44845

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4109Registered No. 109

(For use of Local Registrar)

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

(3) BOY OR GIRL? boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 2, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Alister Weiters

(9) PRESENT POSTOFFICE OF FATHER

Horatio S. G.

(10) COLOR OR RACE

Negro(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

Sumter Co.

(13) OCCUPATION

Farmer

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

7

MOTHER.

(15) NAME BEFORE MARRIAGE

Tempy London

(16) PRESENT POSTOFFICE OF MOTHER

Horatio S. G.

(17) COLOR OR RACE

Negro(18) AGE AT LAST BIRTHDAY 30
(Years)

(19) BIRTHPLACE

Sumter Co.

(20) OCCUPATION

Farm laborer

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 o'clock A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Heiter H. Spencer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeHoratio S. G.

Given name added from a supplemental report

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(26) Witness

(Witness) Marion Sanders

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

(27) Filed

Dec. 8, 1915Benny Sanders

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.

MARGIN RESERVED FOR RECORDING. WHITE PLAINLY, WITH ENLARGING TAB—THIS IS A PERMANENT RECORD. 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.

McDaw, of Columbia