

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only
44845

County of Sumter

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

Township of Stateburg

Registration District No. 4109 Registered No. 109
(For use of Local Registrar)

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 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 2, 1915
To be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(5) FULL NAME Alexter Weiters

(14) NAME BEFORE MARRIAGE Tempy London

(6) PRESENT POSTOFFICE OF FATHER Horatio, S. C.

(15) PRESENT POSTOFFICE OF MOTHER Horatio S. C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Sumter Co.

(18) BIRTHPLACE Sumter Co.

(13) OCCUPATION Farmer

(19) OCCUPATION Farm laborer

(20) Number of children born to mother, including present birth 7

(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 Spencer (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Horatio S. C.

Given name added from a supplemental report Arnett (26) Witness (Signature) Union Sanders

(27) Filed Dec 8 1915 (28) Bey Sanders Local Registrar

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 required of stillbirths before the fifth month of pregnancy.

FORM NO. 10. MARGIN RESERVED FOR BINDING. WHITE PLAIN. WITH READING 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. McCraw, of Columbia.