

Form No. 1

(1) PLACE OF BIRTH

County of W. F. C. C.  
Township of M. F. C.  
or  
Inc. Town of .....  
or  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No. — For State Registrar Only  
**7744**

Registration District N. 1 Registered No. ....  
(For use of Local Registrar)  
(No. .... St. .... Ward)

(2) Full Name of Child Arthur Teggart If child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>Twins</u> To be answered only in event of Twins or Triplets	5) Number in order of birth <u>1</u>	6) Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>3-11-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8) FULL NAME <u>Walter Teggart</u>			14) NAME BEFORE MARRIAGE <u>George Weikman</u>	
9) PRESENT POSTOFFICE OF FATHER <u>W. F. C.</u>			15) PRESENT POSTOFFICE OF MOTHER <u>W. F. C.</u>	
10) COLOR OR RACE <u>negro</u>			17) AGE AT LAST BIRTHDAY <u>39</u> (Year)	
12) BIRTHPLACE <u>Asheville Co. S.C.</u>			18) BIRTHPLACE <u>Asheville Co. S.C.</u>	
13) OCCUPATION <u>Farmer</u>			19) OCCUPATION <u>Farmer</u>	
20) Number of children born to mother, including present birth <u>9</u>			21) Number of children of this mother now living, including present birth <u>9</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harold H. H. H.  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 3-21-23 (28) J. M. C. 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.