

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—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.  
McCaw, of Columbia.

(1) PLACE OF BIRTH **Saluda** **CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA.

County of **Saluda** Bureau of Vital Statistics

Township of **Central** State Board of Health

or Inc. Town of ..... Registration District No. **3904** Registered No. ....  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**74639**

(2) Full Name of Child **Manuel Weaver** ..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? **girl** (4) Twin or Triplet? **1** (5) Number in order of birth **2** (6) Are Parents Married? **1** (7) DATE OF BIRTH **August 1914**  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME **Manuel Weaver**  
(9) PRESENT POSTOFFICE OF FATHER  
(10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **24** (Years)  
(12) BIRTHPLACE **Saluda S.C.**  
(13) OCCUPATION **farming**  
(20) Number of children born to mother, including present birth { .....

**MOTHER.**  
(14) NAME BEFORE MARRIAGE  
(15) PRESENT POSTOFFICE OF MOTHER  
(16) COLOR OR RACE (17) AGE AT LAST BIRTHDAY (Years)  
(18) BIRTHPLACE  
(19) OCCUPATION  
(21) Number of children of this mother now living, including present birth { .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was **B. live** at **10 clol west** ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Lilla Harris** .....  
(24) State whether Physician or Midwife **mid wife** (25) Address of Physician or Midwife **mid wife 20 st**

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness **Carrie Simpson** .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed **Aug 1914** (28) ..... 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.