

County of Franklin
Township of
No. 1503 of Town of Hartsville
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

REGISTRATION DISTRICT NO. 831

Registration District No. 1503 Registered No. 9
(For use of Local Registrar)

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

(1) SEX OR GENDER <u>Boy</u>	(4) Time of Birth?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 16 23</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Tracy Weaver</u>			(14) NAME BEFORE MARRIAGE <u>Florin Pauline Weon</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hartsville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hartsville S.C.</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Collar mill employee</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as born alive or stillborn (Hour 12 P. M. or P. M.) on the date above stated.

(23) (Signature) William R. Bynum
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hartsville S.C.

Given name added from a supplemental report

(26) Witness Signature of Witness necessary only when question 22 is signed by mark

(27) Date Jan 14 23 (28) W. J. M. Goggin Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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