

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

File No.—For State Registrar Only

29035

Registered No. 35  
(For use of Local Registrar)

(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 *Evangeline Weaver*

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

(3) BOY OR GIRL?

*girl*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

*Sept. 21, 1922*

To be answered only in event of Twins or Triplets

(Name &amp; Month) (Day) (Year)

## FATHER.

(8) FULL NAME

*John Weaver*

(9) PRESENT POSTOFFICE OF FATHER

*Frogmore S.C.*

(10) COLOR OR RACE

*negro*

(11) AGE AT LAST BIRTHDAY

*46*  
(Years)

(12) BIRTHPLACE

*South Carolina*

(13) OCCUPATION

*Farmer & Trapper*

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

*4*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Emma Parker*

(15) PRESENT POSTOFFICE OF MOTHER

*Frogmore S.C.*

(16) COLOR OR RACE

*negro*

(17) AGE AT LAST BIRTHDAY

*44*  
(Years)

(18) BIRTHPLACE

*South Carolina*

(19) OCCUPATION

*Farmer*

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

*3*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *3:20* A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Hagan Parker & Frogmore*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*Sept. 22, 1922*

(28)

*J. P. Thomas*  
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.

PART BORN No. 1. THE OTHER, No. 2, etc., in question 5.  
BUREAU OF COLUMBIA, COLUMBIA, S. C.