

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

79397

Registration District No. 41A

Registered No. 164

(For use of Local Registrar)

(No. 4 Marshall)

St: 2 Ward)

(2) Full Name of Child William Colclough Weatherly

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Doderick Weatherly

(9) PRESENT POSTOFFICE OF FATHER

Sumter, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

48 (Years)

(12) BIRTHPLACE

Marlboro County, S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Annie Tempie Sadler

(15) PRESENT POSTOFFICE OF MOTHER

Sumter, S.C.

(16) COLOR OR RACE

White

(18) BIRTHPLACE

Leesburg, Georgia

(19) OCCUPATION

Housewife

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:15 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

A. C. Duck, M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Sumter, S.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed Oct 5 1916 (28) W. J. McKagen 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.