

Form No 1.

(1) PLACE OF BIRTH
County of Anderson
Township of Millington
or
Inc. Town of Elzer Rd.
or
City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

63077

Registration District No. 314 Registered No. 37

(For use of Local Registrar)

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

(2) Full Name of Child. Emmie Weener } 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? Y (7) DATE OF BIRTH Aug 21 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frank B. Weener

(9) PRESENT POSTOFFICE OF FATHER Elzer Rd.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE N.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Pearl Pailton

(15) PRESENT POSTOFFICE OF MOTHER Elzer Rd.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Anderson Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) W. T. Disher

(24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife Elzer Rd.

Given name added from a supplemental report

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

(27) Filed 7/10 1916 (28) W. H. Pome 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.

MARGIN RESERVED FOR BINDING.
WHITE 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 3.
McCay, of Columbia