

(1) PLACE OF BIRTH *7 26 R*County of *Dorchester*

Township of .....

or  
Inc. Town of *St. Georges*or  
City of .....

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

(2) Full Name of Child *Maydallen Weather*

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

3. BOY OR GIRL *Boy* 4. Twin or Triplet *-* 5. Number in order of birth *1st* 6. Are Parents Married *yes* 7. DATE OF BIRTH *Jan 10 1923*  
To be answered only in event of Twin or Triplet  
 (Month of Month) (Day) (Year)

## FATHER.

8. FULL NAME *Sallos Jackson Weather*9. PRESENT POSTOFFICE OF FATHER *St Georges P.R.*10. COLOR OR RACE *White* 11. AGE AT LAST BIRTHDAY *30*  
(Year)12. BIRTHPLACE *S.C.*13. OCCUPATION *Merchant & Farmer*20. Number of children born to mother, including present birth *One*

## MOTHER.

14. NAME BEFORE MARRIAGE *Thelma Louise Puckett*15. PRESENT POSTOFFICE OF MOTHER *Same*16. COLOR OR RACE *White* 17. AGE AT LAST BIRTHDAY *22*  
(Year)18. BIRTHPLACE *S.C.*19. OCCUPATION *Domestic*21. Number of children of this mother now living, including present birth *One*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was *born* at *St Georges* M.,  
on the date above stated. (Signature or stillborn) (How M. M.)(23) (Signature) *Dr. J. D. DeLaney* (24) State whether Physician or Midwife (25) Address of Physician or Midwife *St Georges P.R.*

Given name added from a supplemental report

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

(27) Filed *10* (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.

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