

RECORDS RESERVED FOR BIDDING.
WRITE 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 6.

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

File No. For State Registrar Only
27533

(1) PLACE OF BIRTH
County of Charleston
Township of Christ Church
or
Inc. Town of
or
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 901 Registered No. 108
(For use of Local Registrar)

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

(7) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(8) Number in order of birth <u>1</u>	(10) Age at birth <u>1 year</u>	(17) DATE OF BIRTH <u>Sept 2 1923</u> (Name Month Day Year)
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FATHER		MOTHER	
(3) FULL NAME <u>Sam Weyfall</u>	(14) NAME BEFORE MARRIAGE <u>Emeline Hozyal</u>	(3) FULL NAME <u>Sam Weyfall</u>	(14) NAME BEFORE MARRIAGE <u>Emeline Hozyal</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Net Pleasant SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Net Pleasant SC</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Net Pleasant SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Net Pleasant SC</u>
(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Year)	(10) COLOR OR RACE <u>Caucasian</u>	(11) AGE AT LAST BIRTHDAY <u>19</u> (Year)
(12) BIRTHPLACE <u>Charleston SC</u>	(13) OCCUPATION <u>Laborer</u>	(12) BIRTHPLACE <u>Charleston SC</u>	(13) OCCUPATION <u>Home Wife</u>
(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>	(20) Number of children born to mother, including present birth <u>Two</u>	(21) Number of children of this mother now living, including present birth <u>Two</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Sally J. Jafford
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Net Pleasant SC

Given name added from a supplemental report
....., 19 ..
Registrar

(26) Witness John Adam King
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 20 1923 (28) John Adam King
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.

Regulation of Columns, Columns, S. C.