

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston, S.C.

(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

27443

Registration District No. 1 A

Registered No.

(For use of Local Registrar)

(2) Full Name of Child William John Fred Weeber, Jr.

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

(1) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>3</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 6 1922</u> (Name of Month) (Day) (Year)
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FATHER.

MOTHER.

(8) FULL NAME <u>John Fred Weeber</u>	(14) NAME BEFORE MARRIAGE <u>Adeline Mahlmann</u>
(9) PRESENT POSTOFFICE OF FATHER <u>73 Gibbs St Charleston S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>73 Gibbs St Charleston S.C.</u>
(10) COLOR <u>White</u>	(16) COLOR OR RACE <u>White</u>
(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Charleston S.C.</u>	(18) BIRTHPLACE <u>Charleston S.C.</u>
(13) OCCUPATION <u>Wholesale Tobacco Business</u>	(19) OCCUPATION <u>Wife</u>
(20) Number of children born mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>one</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive as 2:30 P.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Dr. J. M. Weeber(24) State whether Physician or Midwife (25) Address of Physician or Midwife 27, Palmetto

Given name added from a supplemental report

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

(27) Filed 9/14/23 J. M. Weeber 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.