

## (1) PLACE OF BIRTH

County of York  
 Township of Union  
 or  
 Inc. Town of Union  
 or  
 City of Union

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

No. 38100

Registration District No. 4407 Registered No. 145  
 (For use of Local Registrar)

(No.      St.      Ward     )  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child John F. Weaver If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Male (4) Type or Triplet      (5) Number in order of birth 1 (6) Age of Child 9 (7) DATE OF BIRTH 11.6.1923  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME John F. Weaver

(9) PRESENT POSTOFFICE OF FATHER Union

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 25  
 (Year)

(12) BIRTHPLACE Union

(13) OCCUPATION Teacher

(14) Number of children born to mother, including present birth 2

## MOTHER

(14) NAME BEFORE MARRIAGE Andrew Handberg

(15) PRESENT POSTOFFICE OF MOTHER Union

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 23  
 (Year)

(18) BIRTHPLACE Union

(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 John F. Weaver (Born alive or stillborn) (Date A. M. or P. M.)  
 on the date above stated.

(23) (Signature) W. H. McCall (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Union

Give name added from a supplemental report

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

(27) Signed W. H. McCall (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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