

## (1) PLACE OF BIRTH

County of .....  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of .....  
 (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

0086

Registration District No. 100 Registered No. 58  
 (For use of Local Registrar)

## (2) Full Name of Child

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 4/12/1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Froy Weaver Sr.

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Florence Co.

(13) OCCUPATION Farmer

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

## MOTHER.

(14) NAME BEFORE MARRIAGE Ira Annions

(15) PRESENT POSTOFFICE OF MOTHER WINDYBROOK, S. C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Florence Co.

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was ..... at 6:22 P.M.,  
 on the date above stated. (Signature or stillbirth) (Hour A. M. or P. M.)

(23) (Signature) J. D. M. Atkins (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 5/8/22 1922 (28) John Cassel 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.