

MARGIN RESERVED FOR BINDING.
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 5.
DEPT. OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of York (S)
Township of South Mill
or
Inc. Town of
or
City of

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

File No.—For State Registrar Only
70937

Registration District No. 4406

Registered No. 49
(For use of Local Registrar)
St. Phil. Williams Pl Ward

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

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? no (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH April 18 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Weedy
(9) PRESENT POSTOFFICE OF FATHER Fort Mill, S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE S. C.
(13) OCCUPATION Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE Lacey Watson
(15) PRESENT POSTOFFICE OF MOTHER
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE S. C.
(19) OCCUPATION JS

(20) Number of children born to mother, including present birth 5 children (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna Potts
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Mill S.C.

Given name added from a supplemental report
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19 Registrar

(26) Witness A. L. Parker
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 8-5-1916 (28) A. L. Parker 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.