

## (1) PLACE OF BIRTH

County of Chester  
 or  
 Township of Semisville  
 or  
 Inc. Town of .....

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

File No.—For State Registrar Only

742

Registration District No. 1106 Registered No. 7  
 (For use of Local Registrar)

City of ..... (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 Evelyn Youngs Weaver If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan. 22 19 22  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Sidney Youngs Weaver

(9) PRESENT POSTOFFICE OF FATHER Rockman

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE York Co. Chester County

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1 Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Rena Mae Hoopough

(15) PRESENT POSTOFFICE OF MOTHER Rockman

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Chester, S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1 Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Fannie Robinson

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Rockman S.C. Rt. 1

Given name added from a supplemental report

(26) Witness J. G. Hollis (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 1-28 19 22 (28) J. G. Hollis 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.

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.