

(1) PLACE OF BIRTH

County of Set. UnionTownship of 11or
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

43566

Registration District No. 3109 Registered No. 131
(For use of Local Registrar)

(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?

To be answered only in case of Twins or Triplets

(5) Number in
order of birth(6) Are
Parents
Married? yes

(7) DATE OF

BIRTH

Dec 4 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJacob Justice Weyant(9) PRESENT
POSTOFFICE
OF FATHERSet. Union S.C.(10) COLOR
OR
RACEwhite(11) AGE AT LAST
BIRTHDAY43
(Years)

(12) BIRTHPLACE

Set. Co.

(13) OCCUPATION

Farmer(20) Number of children born to
mother, including present birth8

MOTHER.

(14) NAME BEFORE
MARRIAGELinia Ethel Caley(15) PRESENT
POSTOFFICE
OF MOTHERSet. Union(16) COLOR
OR
RACEwhite(17) AGE AT LAST
BIRTHDAY40
(Years)

(18) BIRTHPLACE

Set. Co.

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4:45 a.m.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

E. F. Roberts

(24) State whether Physician or Midwife

M. D.

(25) Address of Physician or Midwife

Set. Union S.C.Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Jan 9 1923

(28)

Mrs. C. E. Taylor
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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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.WHEN PLACING THIS CERTIFICATE IN SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

RECEIVED AT COLUMBIA, S. C.

N. H.