

MARGIN RESERVED FOR BONDING
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 8.

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

File No.—For State Registrar Only
42892

(1) PLACE OF BIRTH
County of Georgetown
Township of
or
Inc. Town of Andrew
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 2103 Registered No. 87
(For use of Local Registrar)

(2) Full Name of Child Emmie Bell Weathermyr
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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 18 1916
(Name of Month) (Day) (Year)

FATHER: (8) FULL NAME Frederick Weathermyr (9) PRESENT POSTOFFICE OF FATHER Andrews S.C. (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years) (12) BIRTHPLACE S.C. (13) OCCUPATION mechanic

MOTHER: (14) NAME BEFORE MARRIAGE Cassie Bell Bryan (15) PRESENT POSTOFFICE OF MOTHER Andrews S.C. (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years) (18) BIRTHPLACE S.C. (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 2 (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 Born alive on the date above stated. (23) (Signature) D. S. Parker (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife 1153 P.M. Hour A. M. or P. M. M.V.

Given Name added from a supplemental report 191...
.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by nurse) J. L. Horgan
(27) Filed Dec 18 1916 (28) J. L. Horgan 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.
Registrar I

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Local Registrar