

(1) PLACE OF BIRTH

County of 1. EdgecombeTownship of 2. 13or
Inc. Town of 3. 13or
City of 4. 13

(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

2037

Registration District No. 54.5 Registered No. 1

(For use of Local Registrar)

(2) Full Name of Child

5. M. Weston

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

(3) BOY OR GIRL 6. boy(4) Twin or Triplet? 7. 1(5) Number in order of birth 8. 1(6) Are Parents Married? 9. 1(7) DATE OF BIRTH 10. Jan 4 19 11. 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME 12. M. Weston(9) PRESENT POSTOFFICE OF FATHER 13. 13(10) COLOR OR RACE 14. 13(11) AGE AT LAST BIRTHDAY 15. 24
(Years)(12) BIRTHPLACE 16. 13(13) OCCUPATION 17. 13(20) Number of children born to mother, including present birth 18. 1

MOTHER.

(14) NAME BEFORE MARRIAGE 19. 13(15) PRESENT POSTOFFICE OF MOTHER 20. 13(16) COLOR OR RACE 21. 13(17) AGE AT LAST BIRTHDAY 22. 19
(Years)(18) BIRTHPLACE 23. 13(19) OCCUPATION 24. 13(21) Number of children of this mother now living, including present birth 25. 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was 26. 13 at 27. 13 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) 28. 13(24) State whether Physician or Midwife 29. 13(25) Address of Physician or Midwife 30. 13Given name added from a supplemental report 31. 13(26) Witness 32. 13

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

(27) Filed 33. 1319 34. 13 35. 13

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.

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.

RECEIVED BY COLUMBIA, S. C.