

## (1) PLACE OF BIRTH

County of LancasterTownship of Burkeor  
Inc. Town ofor  
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

1713

Registration District No. 1800 Registered No. 17  
(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?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(8) (Name of Month) (Day) (Year)

## FATHER

(9) FULL NAME

P. B. Weigla

(10) PRESENT POSTOFFICE OF FATHER

Lancaster

(11) COLOR OR RACE

W

(12) AGE AT LAST BIRTHDAY

42 (Years)

(13) BIRTHPLACE

S. C.

(14) OCCUPATION

Harmonist

(15) Number of children born to mother, including present birth

16

## MOTHER

(16) NAME BEFORE MARRIAGE

Grant

(17) PRESENT POSTOFFICE OF MOTHER

Lancaster

(18) COLOR OR RACE

W

(19) AGE AT LAST BIRTHDAY

34 (Years)

(20) BIRTHPLACE

S. C.

(21) OCCUPATION

Domestic

(22) Number of children of this mother now living, including present birth

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at 9 9 M., on the date above stated, (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) L. M. Hinson Address of Physician or MidwifePhysician Lancaster S.C.

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Feb. 101902

(27)

L. M. Hinson

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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