

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg  
 Township of Paerlist  
 or  
 the Town of .....

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

File No. - For State Registrar Only

19205

Registration District No. 4006 Registered No. 68  
 (For use of Local Registrar)

City of ..... St.; ..... Ward)  
 or  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Frank W. Weather (If child is not yet named, make supplemental report as directed)

(3) SEX OR GUILD <u>Boy</u>	(4) Twins or Triplets To be covered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>6-11-23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Hiram Weather</u>	(14) NAME BEFORE MARRIAGE <u>Laura Green</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Trough S.C.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Trough S.C.</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(9) PRESENT POSTOFFICE OF FATHER <u>Trough S.C.</u>	(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Housewife</u>
(10) OCCUPATION <u>Laborer</u>	(16) BIRTHPLACE <u>N.C.</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(18) OCCUPATION <u>Housewife</u>	(19) Number of children of this mother now living, including present birth <u>8</u>
(11) BIRTHPLACE <u>S.C.</u>	(19) Number of children of this mother now living, including present birth <u>9</u>	CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE		

(20) I hereby certify that I attended the birth of this child, who was born alive at 10 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) M. J. Weather

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

M. J. Weather S.C.

Given name added from a supplemental report

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

(25) Filed July 13, 1923 (26) M. W. Brown 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.