

Form No. 1

(1) PLACE OF BIRTH

County of Spartanburg
Township of Pacoletor
City ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4006 Registered No. 68
(For use of Local Registrar)

File No. - For State Registrar Only

19205

(2) Full Name of Child Frank W. Weather
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
or child is not yet named, make supplemental report as directed(3) SEX OR ONLY Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH 6-11-23
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Hiram Weather
(9) PRESENT POSTOFFICE OF FATHER Trough S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Year)
(12) BIRTHPLACE S.C.
(13) OCCUPATION LaborerMOTHER.
(14) NAME BEFORE MARRIAGE Laura Green
(15) PRESENT POSTOFFICE OF MOTHER Trough S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Year)
(18) BIRTHPLACE N.C.
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth 8(21) Number of children born to mother, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) M. J. Weather(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife M. J. Weather, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 13, 1923 (28) 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.