Form No. 1

(1) PLACE OF BIRTH

County of Dorchester

Township of Ladson

or

Inc. Town of ..... Registration District No. 1704 Registered No. 6

or

City of ..... (No. ..... St.; ..... Ward)

(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
51994

(For use of Local Registrar)

(2) Full Name of Child ... not ... named ..... } 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 |
|---|---|---|---|---|
| Boy | To be answered only in event of Twins or Triplets | 3 | Yes | March 18, 1916 (Name of Month) (Day) (Year) |

**FATHER.**

(8) FULL NAME Marion Weathers

(9) PRESENT POSTOFFICE OF FATHER Harleyville S C

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Dorchester Co

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth } 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE D K

(15) PRESENT POSTOFFICE OF MOTHER Harleyville S C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Dorchester Co

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth } 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

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

(23) (Signature) .....

(24) State whether Physician or Midwife: Mrs Mey

(25) Address of Physician or Midwife: Rivers Pregnalls S C

Given name added from a supplemental report

....., 191....

.....
Registrar

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

(27) Filed March 1 1916 (28) L. H. McKissick
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.

McCaw, of Columbia

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

USE A SEPARATE BLANK for each child, and mark the number of TWINS or TRIPLETS