

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Polk

(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. 505 For State RegistrarRegistration District No. 38 Registered No. 184

(For use of Local Registrar)

(2) Full Name of Child Emma Weirich If child is not yet named, make supplemental report as directed(1) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug 27 1923 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Samuel Weirich(9) PRESENT POSTOFFICE OF FATHER Polk(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Tenn.(13) OCCUPATION Teacher(14) Number of children born to mother, including present birth 1

## MOTHER

(14) NAME BEFORE MARRIAGE Emma Weirich(15) PRESENT POSTOFFICE OF MOTHER Polk(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Samuel Weirich(24) State whether Physician or Midwife (25) Address of Physician or Midwife 1416 Hampton

Given name added from a supplemental report

(26) Witness Samuel Weirich (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 7 1923 (28) C. J. Sloan 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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