

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

## (1) PLACE OF BIRTH

County of Charleston  
 Township of St. James  
 or  
 Inc. Town of McClennanville  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76126

Registration District No. 906 Registered No. 69  
 (For use of Local Registrar)

City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Toby Weston { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? ..... (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 17, 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Gibby Weston  
 (9) PRESENT POSTOFFICE OF FATHER McClennanville  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 40 (Years)  
 (12) BIRTHPLACE Charleston  
 (13) OCCUPATION Day Laborer  
 (20) Number of children born to mother, including present birth { ..... 5 .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Janette Gedders  
 (15) PRESENT POSTOFFICE OF MOTHER McClennanville  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 38 (Years)  
 (18) BIRTHPLACE Charleston  
 (19) OCCUPATION Field Hand  
 (21) Number of children of this mother now living, including present birth { ..... 5 .....

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Pattie Weston

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

MidwifeMcClennanville

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 Sept 16 1916 (28) Wm. E. Beckman 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.