

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.

(1) PLACE OF BIRTH.  
 County of Edgefield  
 Township of Cheerwood  
 or  
 Inc. Town of .....  
 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  
48300

Registration District No. 1804 Registered No. 1  
 (For use of Local Registrar)

(2) Full Name of Child Willie Weaver } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(6) Are <u>yes</u> Parents Married?	(7) DATE OF BIRTH <u>Feb. 6, 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	----------------------	---	-------------------------------------	--

**FATHER.**

(8) FULL NAME Gland Weaver  
 (9) PRESENT POSTOFFICE OF FATHER Pleasant Lane S.C.  
 (10) COLOR OR RACE colord (11) AGE AT LAST BIRTHDAY 33  
(Years)  
 (12) BIRTHPLACE Edgefield S.C.  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth } ..... 6 .....

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lula Adams  
 (15) PRESENT POSTOFFICE OF MOTHER Pleasant Lane S.C.  
 (16) COLOR OR RACE colord (17) AGE AT LAST BIRTHDAY 25  
(Years)  
 (18) BIRTHPLACE Edgefield S.C.  
 (19) OCCUPATION Home wife  
 (21) Number of children of this mother now living, including present birth } ..... 4 .....

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie Weaver  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
Willie Weaver | Edgefield S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191.....  
 \_\_\_\_\_  
 Registrar

(26) Witness \_\_\_\_\_  
(Signature of Witness necessary only when question 23 is signed by marks)  
 (27) Filed Feb. 16, 1916 (28) W. H. Himmer  
 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.  
 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.