

## (1) PLACE OF BIRTH

County of Porter  
 Township of Campbell  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

No. 1a.—For State Registrar Only  
**30125**

Registration District No. 40.C. Registered No. 145-  
 (For use of Local Registrar)

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

## (2) Full Name of Child

3) BOY OR GIRL <u>Boy</u>	4) Twin or Triplet <u>No</u> To be printed only in event of Twin or Triplet	5) Number in order of birth <u>1</u>	6) Are Parents Married <u>yes</u>	7) DATE OF BIRTH <u>Sept 30, 1902</u> (Name of child) (Day) (Year)
FATHER			MOTHER	
8) FULL NAME <u>Frank Weaver</u>			14) NAME BEFORE MARRIAGE <u>Fannie Foster</u>	
9) PRESENT POSTOFFICE OF FATHER <u>Minerva</u>			15) PRESENT POSTOFFICE OF MOTHER <u>Minerva</u>	
10) COLOR OR RACE <u>Col</u>			16) AGE AT LAST BIRTHDAY <u>47</u> (Year)	
11) BIRTHPLACE <u>Ala.</u>			17) AGE AT LAST BIRTHDAY <u>47</u> (Year)	
12) OCCUPATION <u>Farmer</u>			18) OCCUPATION <u>Housewife</u>	
13) Number of children born to mother, including present birth <u>10</u>			19) Number of children of this mother now living, including present birth <u>8</u>	

## 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 4 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Oct 1, 1902 (28) E. L. Applegate 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.

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