

Form No 1.

(1) PLACE OF BIRTH

County of Georgetown
 Township of St. Louis
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

85698

Registration District No. 2105 Registered No. 78
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Edward Evans Weaver } 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 (6) Are Parents Married? Y (7) DATE BIRTH Nov, 11, 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME John S Weaver
 (9) PRESENT POSTOFFICE OF FATHER Smiths Mills S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 25 (Years)
 (12) BIRTHPLACE Williamsburg C. S. C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Nora Morgan
 (15) PRESENT POSTOFFICE OF MOTHER Smiths Mills S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Georgetown C. S. C.
 (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 Alive, at 10 P. M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Anna Green

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Smiths Mills 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 Nov 20, 1916. (28) J. L. McCracken 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.

MARGIN RESERVED FOR BINDING.
 WRITEN 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.
 Sav. of Columbia