

Form No 1.

(1) PLACE OF BIRTH

County of Georgetown

Township of Six

or
Inc. Town of

or
City of

(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

85698

Registration District No. 2105 Registered No. 78

(For use of Local Registrar)

(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? Yes

(7) DATE BIRTH Nov, 11, 19¹⁹16
(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

23 (Years)

(12) BIRTHPLACE

Williamsburg Co. 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 Co. 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., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Annie 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.
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.
Sav. of Columbia