

## (1) PLACE OF BIRTH

County of

Anderson  
Honea Falls

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28802

Township of

or  
Inc. Town of

Registration District No.

307

Registered No.

112

(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... Barrio

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept 20 1912

To be answered only in event of Twins or Triplets

(Name of Month) (Day) (Year)

(8) FULL NAME

FATHER: Ray Weaver

(14) NAME BEFORE MARRIAGE

MOTHER: Clara James

(9) PRESENT POSTOFFICE OF FATHER

Honea Falls

(15) PRESENT POSTOFFICE OF MOTHER

Honea Falls

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26 (Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

22 (Years)

(12) BIRTHPLACE

Elliot Co Ga

(18) BIRTHPLACE

Columbus Co Ala

(13) OCCUPATION

Cotton mill of

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth

4

(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 alive at 12:45 P M., on the date above stated. (Born alive or stillborn) (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 23 is signed by mark)

(27) Filed

Sept 31 1912

(28)

Jennie Williams

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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