

(1) PLACE OF BIRTH

County of Darlington
 Township of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18292

Inc. Town of or Registration District No. 1-5-A Registered No. 60
 City of Darlington (No. Willing 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, Bessie Mae Weaver } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 2, 1915
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bessie Mack Weaver

(9) PRESENT POSTOFFICE OF FATHER Darlington S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Carpenter

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

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice Wilma Watson

(15) PRESENT POSTOFFICE OF MOTHER Darlington S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18 (Years)

(18) BIRTHPLACE South Carolina

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth { Two }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:15 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. A. Early

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Darlington S.C.

Given name added from a supplemental report

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

(27) Filed July 1, 1915 (28) E. A. Early 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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