

(1) PLACE OF BIRTH

County of FlorenceTownship of Falco

Incl. Town of

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

18624

Registration District No. 2009 Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child William Eugene Weaver

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? 1

To be answered only in event of twins or triplets

(5) Number in order of birth 3(6) Are Parents Married? Yes(7) DATE OF BIRTH May 8 1912

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Rufus Weaver(9) PRESENT POSTOFFICE OF FATHER Falco City, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Miss Powell(15) PRESENT POSTOFFICE OF MOTHER Falco City, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20

(Years)

(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(21) I hereby certify that I attended the birth of this child, who was born alive at Falco, S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) S. B. W. Carter, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Falco City, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 6/27/27 1912(28) R. B. Carter 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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