

# 1) PLACE OF BIRTH

County of Union

Township of .....

City of Union

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

22704

Registration District No. 42-A Registered No. 111

(For use of Local Registrar)

### 2) Full Name of Child

Rosebud Mae Weirford

(4) Twin or triplet? no (5) Number in order of birth 1

Sex of Child Boy

FATHER.

NAME Ray Weirford

PRESENT RESIDENCE Union

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

BIRTHPLACE Durham Co. S.C.

OCCUPATION Teacher

Number of children born in this family One

(6) Are Parents Married? yes (7) DATE OF BIRTH July 17, 23 (Name of Month) (Day) (Year)

MOTHER.

(14) NAME BEFORE MARRIAGE Edna Weir

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

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Hat Springs N.C.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth One

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive (Hour A. M. or P. M.) 6:46 A.M. on the date above stated.

(23) (Signature) Physician (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Union

When name added from a supplemental report

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

(27) Filed 8-10-23 (28) J. J. Weir Local Registrar

When a physician or midwife, then the father, churchholder, etc., should make this return. If not, then the mother, if she is a church member, should make this return. No report is desired of stillbirths before the fifth month of pregnancy. No report is desired of stillbirths before the fifth month of pregnancy.