

(1) PLACE OF BIRTH
County of Lecum
Township of Lecum
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

4799

Registration District No. 2004 Registered No. 20
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 13 1912
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dave Weather
(9) PRESENT POSTOFFICE OF FATHER Watts mill
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Lecum P.O.
(13) OCCUPATION mill porter
(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Limber
(15) PRESENT POSTOFFICE OF MOTHER Lecum
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)
(18) BIRTHPLACE Lecum
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 0 M., on the date above stated. (Hour A.M. or P.M.)

(23) (Signature) W. H. Weather
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lecum P.O.

Given name added from a supplemental report

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

(27) Filed Jan 11 1912 (28) W. H. Weather 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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