

(1) PLACE OF BIRTH

County of
 Township of
 or
 Loc. Town of
 or
 City of Chas.

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

25080

Registration District No. 9 ARegistered No. 1136
(For use of Local Registrar)

(2) Full Name of Child Stella Louise Weston (No. 3 Reorg. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.

(3) BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Y (7) DATE OF BIRTH Aug 4 22
 To be answered only in event of Twin or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Weston
 (9) PRESENT POSTOFFICE OF FATHER Chas. S.C.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE L.C.
 (13) OCCUPATION Butcher
 (20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Eliza Green
 (15) PRESENT POSTOFFICE OF MOTHER Chas.
 (16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P.M. on the date above stated. (Born Alive or Stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Weston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness John J. Mercer

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

(27) Filed Aug 22 1922

Local Registrar

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 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.