

(1) PLACE OF BIRTH

County of Marion
 Township of Bowling
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

31254

Registration District No. 3206Registered No. 29
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sarah Weaver

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 10 6) Are Parents Married? No 7) DATE OF BIRTH Sept. 22 1922
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME Charles Woodberry
 9) PRESENT POSTOFFICE OF FATHER Grisham D.C.
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 45 (Years)
 12) BIRTHPLACE Marion Co. D.C.
 13) OCCUPATION Farmer

MOTHER

14) NAME BEFORE MARRIAGE Molly Weaver
 15) PRESENT POSTOFFICE OF MOTHER Grisham D.C.
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 35 (Years)
 18) BIRTHPLACE Marion Co. D.C.
 19) OCCUPATION Farm Laborer

20) Number of children born to mother, including present birth 421) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was blue at 69 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) Liza Davis(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Grisham D.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed Sept. 22 1922(28) F. M. Postwright 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.