

Form No. 3

(1) PLACE OF BIRTH

County of Fluena
 Township of Fluena
 or
 Inc. Town of Fluena
 or
 City of Fluena

(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

34356

Registration District No. 2-0 Registered No. 345
 (For use of Local Registrar)

(No. 2-0 Irwin Street St. 1 Ward 1)

(2) Full Name of Child William Henry Weatherford, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplets X (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 27 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Henry Weatherford

(9) PRESENT POSTOFFICE OF FATHER Fluena, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Dillon County, S.C.

(13) OCCUPATION Coal Mining

(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Eva Hersey

(15) PRESENT POSTOFFICE OF MOTHER Fluena, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)

(18) BIRTHPLACE Marlboro County, S.C.

(19) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) E. H. Allen, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Fluena, S.C.

Given name added from a supplemental report

(26) Witness P. H. Bugh (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 10-28-22 (28) P. H. Bugh 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.

THIS IS A PERMANENT RECORD. TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

DEPT. OF COLUMBIA, COLUMBIA, S.C.