

Form No. 1.

(1) PLACE OF BIRTH *Weldon*County of *Anderson*

Township of .....

or  
Inc. Town of *Weldon*or  
City of .....(2) Full Name of Child *Walter Howard*

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

File No.—For State Registrar Only  
**62967**

Registration District No. *300* Registered No. *95*  
(For use of Local Registrar)

St.; ..... Ward

(No. ....) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet?  (5) Number in order of birth *1st* (6) Are Parents Married?  (7) DATE OF BIRTH *July 21, 1916*  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *John Howard*  
(9) PRESENT POSTOFFICE OF FATHER *Weldon*  
(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *40* (Years)  
(12) BIRTHPLACE *near Weldon, too miles from town*  
(13) OCCUPATION *iron cast factory*  
(14) Number of children born to mother, including present birth *6*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Eliza Rodgers*  
(15) PRESENT POSTOFFICE OF MOTHER *Weldon*  
(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *32* (Years)  
(18) BIRTHPLACE *Williamston on Weldon place*  
(19) OCCUPATION *housewife*  
(20) Number of children of this mother now living, including present birth *6*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *born* at *12-30* A. M.,  
(Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.

(23) (Signature) *Annie Baker*

(24) State whether Physician or Midwife *midwife* (25) Address of Physician or Midwife *Weldon S.C.*

Given name added from a supplemental report

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

(27) Filed *June 29 1916* (28) *J. P. Baker* Local Registrar

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.

SEARCHED INDEXED SERIALIZED FILED  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 2.

McCauley of Columbia