

PRINTED IN U.S.A. WITH UNPAID INK—THIS IS A PERMANENT RECORD.  
 1. 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 1.

**(1) PLACE OF BIRTH**  
 County of Aiken  
 Township of Irregular  
 or  
 Inc. Town of Graniteville  
 or  
 City of \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (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

Registration District No. 2 B Registered No. 6  
 (For use of Local Registrar)

**(2) Full Name of Child** Jno. W. Weatherbee (If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD <u>boy</u>	(4) Type or Figure <u>To be reported only in case of Twins or Triplets</u>	(5) Number in order of birth	(6) Age <u>yes</u>	(7) DATE OF BIRTH <u>Jan 6 1923</u> (Month) (Day) (Year)
<b>FATHER</b>			<b>MOTHER</b>	
(8) FULL NAME <u>Jno. W. Weatherbee</u>			(14) NAME BEFORE MARRIAGE <u>Berry Lucile Ke-Cary</u>	
(9) PRESENT RESIDENCE OF FATHER <u>Dead</u>			(15) PRESENT RESIDENCE OF MOTHER <u>Graniteville, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)	
(12) BIRTHPLACE <u>Edgefield Co.</u>		(18) BIRTHPLACE <u>Edgefield, Co.</u>		
(13) OCCUPATION <u>Textile</u>		(19) OCCUPATION <u>Textile</u>		
(20) Number of children born to mother, including present birth <u>2</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Name A. M. or S. M.)

(23) (Signature) W. B. Turnbull, M.D.  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Graniteville, S.C.

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

(27) Filed Jan 10 1923 W. B. Turnbull, R.S.M.  
 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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W. B. Turnbull