

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Lowndesville
 or
 Inc. Town of.....
 or
 City of

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

No. for State Register
42111

Registration District No. 3402 Registered No. 39
 (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 Booth Alpine Weather If child is not yet named, make supplemental report as directed

(3) SEX OR GENDER girl (4) Type or Figure 7-11 (5) Number in order of birth 1 (6) DATE OF BIRTH July 16, 1924

FATHER.

(7) FULL NAME Lawson Weather

(8) PRESENT RESIDENCE OF FATHER Lowndesville S.C.

(9) COLOR OR RACE white (10) AGE AT LAST BIRTHDAY 35 (Year)

(11) BIRTHPLACE Orby, C.

(12) OCCUPATION Farmer

(13) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Grammer

(15) PRESENT RESIDENCE OF MOTHER Lowndesville S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 35 (Year)

(18) BIRTHPLACE Orby, C.

(19) OCCUPATION Domestic

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was Booth Alpine at 12 M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(22) (Signature) Jr. M. L. L. L. (23) Since whether Physician or Midwife (24) Address of Physician or Midwife Lowndesville S.C.

Given name added from a supplemental report

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

(26) Signed J. M. L. L. (27) Date Jan 5, 1924 (28) H. T. L. L. Local Registrar

When made by a physician or midwife, when the father, householder, etc., should make this return. If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.