

Form No. 10. MARGIN RESERVED FOR BINDING.
 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 5.

(1) PLACE OF BIRTH
 County of Charleston
 Township of Mt. Pleasant
 or Town of _____ Registration District No. 9 B Registered No. 54
 or _____ (For use of Local Registrar)
 City of _____ (No. _____ St. _____ Ward _____)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph W. Weathers Jr. { If child is not yet named, make supplemental report as directed

File No.—For State Registrar Only
80616

(3) BOY OR GIRL? Boy (4) Twin or Triplet? _____ (5) Number in order of birth _____ (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 3 1916
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Joseph W. Weathers
 (9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Mount Pleasant
 (13) OCCUPATION Day Laborer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Rebecca Coakley
 (15) PRESENT POSTOFFICE OF MOTHER Mt. Pleasant
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Mt. Pleasant S.C.
 (19) OCCUPATION Wash room
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (22) I hereby certify that I attended the birth of this child, who was alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Pendergast Johnson
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Mount Pleasant

Given name added from a supplemental report _____
 _____ 191____
 _____ Registrar
 (26) Witness J. L. Roberts (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Oct 17 1916 (28) Geo W Roberts 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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