

Form No. 1

(1) PLACE OF BIRTH

County of Marble
 Township of Clinton
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

34213

Registration District No. 1704 Registered No. 18
 (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 Leann Jacob Weather (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 13, 22
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Maurice Edward Weather(9) PRESENT POSTOFFICE OF FATHER Pregnance, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30
 (Years)(12) BIRTHPLACE Pregnance(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Betha Zephora Kiger(15) PRESENT POSTOFFICE OF MOTHER Pregnance(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32
 (Years)(18) BIRTHPLACE Bowman(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 4

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) (Hour A. M. or P. M.)

(23) (Signature) R. R. Hodge M.D. Asheville NC

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov. 8, 22 (28) John H. Hodge 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.

WRITE PLAINLY, WITH CAPITAL LETTERS IN A PERMANENT INK. 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.

RECEIVED AT COLUMBIA, S. C.