

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.

McGaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No. — For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		45561	
Township of .....		Bureau, of Vital Statistics		State Board of Health	
or Inc. Town of .....		Registration District No. <u>4A</u>		Registered No. <u>10</u>	
or City of <u>Charleston</u>		(No. <u>28 Broad</u> St.; ..... Ward)		(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 <u>Nathaniel Weston</u>				If child is not yet named, make supplemental report as directed	
(3) BOY <u>Boy</u> GIRL	(4) Twin or Triplet? .....	(5) Number in order of birth .....	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 23</u>	<u>1916</u>
FATHER. <u>Weston</u>		MOTHER. <u>Ches Brown</u>			
(8) FULL NAME <u>William Weston</u>	(14) NAME BEFORE MARRIAGE		(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston SC</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>	(16) COLOR OR RACE <u>Col</u>		(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)		
(10) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)		(18) BIRTHPLACE <u>James Island SC</u>		
(12) BIRTHPLACE <u>Charleston SC</u>	(13) OCCUPATION <u>Driver</u>		(19) OCCUPATION <u>none</u>		
(20) Number of children born to mother, including present birth <u>3</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 <u>born alive</u> on the date above stated. (Hour <u>3</u> A. M. or P. M.)					
(23) (Signature) <u>J. Mercer Green</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Physician 277 (Belmont)</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		(27) Filed <u>1/26</u> 1916 (28) <u>J. Mercer Green M.D.</u> 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.