

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or Inc. Town of

or City of Spartanburg

(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

File No.—For State Registrar Only
16649

Registration District No. 40-0 Registered No. 239
(For use of Local Registrar)(No. 587 Wofford St. 6 Ward)

(2) Full Name of Child

Weeks

(If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL boy 4. Twin or Triplet? one 5. Number in order of birth one 6. Are Parents Married? yes 7. DATE OF BIRTH May 1 1922
(Name of Month) (Day) (Year)

FATHER:

(3) FULL NAME Martin Luther Weeks(3) PRESENT POSTOFFICE OF FATHER Spartanburg(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 39
(Year)(12) BIRTHPLACE Abanille S.C.(13) OCCUPATION merchant

MOTHER:

(14) NAME BEFORE MARRIAGE Marrie Sellers(15) PRESENT POSTOFFICE OF MOTHER Spartanburg(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 29
(Year)(18) BIRTHPLACE Spartanburg S.C.(19) OCCUPATION house wife(20) Number of children born to mother, including present birth 5 (21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)(23) (Signature) H. E. McQuinn M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Spartanburg S.C.

Given name added from a supplemental report

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

(27) Filed 6-1-22 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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