

MARGIN RESERVED FOR INDEXING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

ARTICLE NO. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRSTBORN, No. 1. THE OTHER, No. 2, etc., in question 6.

County of Summit
Township of Pineville
or
Inc. Town of.....
or
City of

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 Andrew Weeks

File No.—For State Registrar Only

32451

Registration District No. 4174 Registered No. 112
(For use of Local Registrar)

(For use of Local Registrar)

(2) Full Name of Child Andrew Wicks If child is not yet named, make supplemental report as directed

3) SOV OR Q152 *100*

(4) Twin or Triplet? *Yes*

(5) Number in order of birth *1*

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *SEP 10 22*
(Name of Smith) (Dar) (You)

FATHER.

5) FULL NAME *Charles McKee.*

3) PRESENT POSTOFFICE OF FATHER *Lyndal SC*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY. *47*
(Years)

(12) BIRTHPLACE *Sumter County*

11) OCCUPATION *Farmer.*

2) Number of children born to mother, including present birth *Twelve*

MOTHER.

(14) NAME BEFORE MARRIAGE *Florence Hardlock*

(15) PRESENT POSTOFFICE OF MOTHER *Turkey Hill*

(16) COLOR OR RACE *Black.* (17) AGE AT LAST BIRTHDAY..... *39* (Years)

(18) BIRTHPLACE *Sumter County*

(19) OCCUPATION *House Wife*

(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

(22) I hereby certify that I attended the birth of this child, who was white at 7:45 P. M. on the date above stated. * (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature L. M. S. T. T. T.
 (24) State whether Physician or Midwife _____ (25) Address of Physician or Midwife _____

Given name added from a supplemental report

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

(27) Filed Sept 10 19 11 (28) [Signature] 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.