

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.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of *Sumter*
Township of *Privateer*
or
Inc. Town of
or
City of

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

Registration District No. *4104*

File No.—For State Registrar Only
87609

Registered No. *126125*
(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 *Eva Lore Weeks*

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 *Mar 3 1916*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Augustus Weeks*
(9) PRESENT POSTOFFICE OF FATHER *Pinewood A.C.*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *33*
(12) BIRTHPLACE *Sumter Co. S.C.*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *3*

MOTHER.
(14) NAME BEFORE MARRIAGE *Edna Ardis*
(15) PRESENT POSTOFFICE OF MOTHER *Pinewood S.C.*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *22*
(18) BIRTHPLACE *Sumter Co. S.C.*
(19) OCCUPATION *House work*
(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 *Born alive* at *5-9* M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) *Augustus Weeks*
(24) State whether Physician or Midwife *Father* (25) *Pinewood A.C.* Physician or Midwife

Given name added from a supplemental report

(26) Witness *A. B. Koth*
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *Nov 6 1916* (28) *Alas B. Koth* 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.