

(1) PLACE OF BIRTH

County of Newberry

Township of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19512

Inc. Town of ..... Registration District No. 34-A Registered No. 86

(For use of Local Registrar)

City of Newberry (No. .... St.; .... Ward)  
Birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child William Catherine Week If child is not yet named, make supplemental report as directed

SEX OR GROUP <u>Male</u>	(4) Twin or Triplet? <u>✓</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 29, 1951</u> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) NAME BEFORE MARRIAGE Colonel Week  
(9) PRESENT POSTOFFICE OF MOTHER Newberry  
(10) COLOR OR RACE White  
(11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE SC

## MOTHER

(14) NAME BEFORE MARRIAGE Self (Widow)  
(15) PRESENT POSTOFFICE OF MOTHER Newberry SC  
(16) COLOR OR RACE White  
(17) AGE AT LAST BIRTHDAY 22 (Years)  
(18) BIRTHPLACE SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at ..... (Hour, A. M. or P. M.)  
on the date above stated.

(23) (Signature) J. M. Miller  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Newberry SC

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

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

(27) Filed July 7, 1951 (28) J. M. Miller 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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