

FORM NO. 1.

(1) PLACE OF BIRTH

County of Sumter
Township of Nicholchester

or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
66388

Registration District No. 4101 Registered No.
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
St.; Ward)

(2) Full Name of Child John Douglas Weeks If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH June 12 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Thomas Douglas Weeks
(9) PRESENT POSTOFFICE OF FATHER Pinewood S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)
(12) BIRTHPLACE South Carolina
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth Two

MOTHER.
(14) NAME BEFORE MARRIAGE Bernell Ardis
(15) PRESENT POSTOFFICE OF MOTHER Pinewood S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25 (Years)
(18) BIRTHPLACE South Carolina
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Doctor (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pinewood S.C.
(This report was made by the father) Name of W. J. Ardis

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. J. Ardis
(27) Filed 1916 (28) Sub. 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.

REMARKS: THIS CERTIFICATE IS TO BE FILED IN THE BUREAU OF VITAL STATISTICS, STATE OF SOUTH CAROLINA, IN THE CITY OF COLUMBIA. IN THE CASE OF TWINS OR TRIPLETS, SEE IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1, THE OTHER, NO. 2, THE OTHER, NO. 3, ETC., IN SECTION 8.