

Form No. 1

## (1) PLACE OF BIRTH

County of Catharine

Township of .....

or

Inc. Town of H. Matthews

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

41119

Registration District No. 8th Registered No. 41  
(For use of Local Registrar)(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 Lewis Day Weeks Jr {If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>4</u>	(4) Twin or Triplet? <u>✓</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>✓</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug 4, 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Lewis Day Weeks Sr.(9) PRESENT POSTOFFICE OF FATHER H. Matthews(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE South Carolina(13) OCCUPATION Coal Battery Works(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rechar Counts(15) PRESENT POSTOFFICE OF MOTHER H. Matthews(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE South Carolina(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 alive at 3:30 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. T. Henry(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife H. Matthews

Given name added from a supplemental report

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

(27) Filed Aug 8, 1922 (28) Local Registrar Rabe

\*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.

MARGIN RESERVED FOR BINDING.

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

N. B.—In case of stillbirth, this certificate must be filed for each child, and make the first-born, No. 1. This other, No. 2, etc., in question 8.

Revised by Columbia, Columbia, S. C.