

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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Orauchsby</u>		STATE OF SOUTH CAROLINA		23359	
Township of <u>city</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>36-a</u>		Registered No. <u>112</u>	
or				(For use of Local Registrar)	
City of <u>Orauchsby</u>		(No. <u>41 Bay m</u> 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 <u>David Franklin Weeks Jr</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>—</u>	(5) Number in order of birth <u>—</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 13, 1922</u>	
To be answered only in event of Twins or Triplets				Name of Month (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>David Franklin Weeks</u>			(14) NAME BEFORE MARRIAGE <u>Winnie Craven</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Orauchsby S. C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orauchsby S. C.</u>		
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>		
(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)		
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Mill Hand</u>			(19) OCCUPATION <u>House wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>3 P. M.</u> , on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>H. Moore</u>		(24) State whether Physician or Midwife <u>Midwife</u>			
(25) Address of Physician or Midwife <u>Orauchsby S. C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
..... 19		(27) Filed <u>8/7</u> 19 <u>22</u> (28) <u>Local Registrar</u>			
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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