

## (1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

City of Columbia

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

5053

Registration District No. 38Registered No. 125

(For use of Local Registrar)

## 2) Full Name of Child

James Edward Weeks

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B(4) Twin or Triplet? 1(5) Number in order of birth 4(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Jan 1 1923

(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME

James Edward Weeks

(9) PRESENT POSTOFFICE OF FATHER

1412 Pickens St

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

37

(Years)

(12) BIRTHPLACE

SC

(13) OCCUPATION

Collector

(14) Number of children born to mother, including present birth

2

(14) NAME BEFORE MARRIAGE

Katherine Ann Shiver

(15) PRESENT POSTOFFICE OF MOTHER

1412 Pickens St

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Wife

(20) Number of children of this mother now living, including present birth

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(22) (Signature)

R. J. [Signature]

(23) State whether Physician or Midwife (24) Address of Physician or Midwife

(25) 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

3/8 1923C. J. Sloan

Deputy 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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