

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(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

35251

2904

128

Registration District No.

Registered No.

(For use of Local Registrar)

(No.

St.)

(Ward)

(2) Full Name of Child

Larson Weeks

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

(1) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Oct 4

1911

(Year)

FATHER

(8) FULL NAME

Lee Weeks

(9) PRESENT POSTOFFICE OF FATHER

Watts Mills

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Lanham Co.

(13) OCCUPATION

mill operator

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

5

MOTHER

(14) NAME BEFORE MARRIAGE

Evelyn Goodman

(15) PRESENT POSTOFFICE OF MOTHER

Watts Mills

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

Newburg Co.

(19) OCCUPATION

Domestic

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

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was

born alive

(Hour A. M. or P. M.)

8 P.

(M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness

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

(27) Registrar

(28)

(29)

(30)

(31)

(32)

(33)

(34)

(35)

(36)

(37)

(38)

(39)

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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