

Form No. 1

(1) PLACE OF BIRTH

County of Colleton
 Township of Sheridan
 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

41872

Registration District No. 1409 Registered No. 42
 (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 Newton Weeks Jr. 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 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 22nd 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Newton Weeks
 (9) PRESENT POSTOFFICE OF FATHER Reynolds, S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs Ola Siegler
 (15) PRESENT POSTOFFICE OF MOTHER Reynolds S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40 (Years)
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. Williams, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Cottageville, S.C.

Given name added from a supplemental report

(26) Witness

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

Registrar

Date Jan 10 1924(28) Amos W. Ashmun
 Local Registrar

*When there was no attending physician or midwife, 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 occurring within the month of pregnancy.