

**(1) PLACE OF BIRTH**

County of Albany

Township of St. Mary's

Inc. Town of.....

City of .....

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

(2) Full Name of Child Iris Berntis Weepes

**File No.—For State Registrar Only**

20703

Registered No. 36  
(For use of Local Registrar)

(3) BOY OR GIRL? *h*

(4) **Twin or Triplet?**

(5) Number in order of birth

(5) Are Parents Married? *yes*

(7) DATE OF BIRTH May 16, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME J. Weeks

(9) PRESENT POSTOFFICE OF FATHER *Talathi, P. C.*

(10) COLOR OR RACE *W*

(11) AGE AT LAST BIRTHDAY.....43.....  
(Years)

12) BIRTHPLACE  
Ark., Co. 8 S.

(13) OCCUPATION  
Farmer

(20) Number of children born to mother, including present birth { ..... 4 }

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lulu May Bryant

(15) PRESENT POSTOFFICE OF MOTHER *Falatcha D. C.*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *32*

(18) BIRTHPLACE Auburn Co. P. T.

(18) OCCUPATION *Housewife*

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was... born alive ... at... 3:40 ... M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

**(23) (Signature)**

**(24) State whether Physician or Midwife**

(25) Address of Physician or Midwife  
Adams P C

Given name added from a supplemental report

(26) Witness .....

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

(27) Filed July 13 1972 (28) Local 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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