

(1) PLACE OF BIRTH

County of Darlington
 Township of Windsor
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
318

Registration District No. 573

Registered No. 2
 (For use of Local Registrar)

City of

(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

Carmie Belle Weeks

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Jan. 22, 1922

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

James Weeks

(9) PRESENT POSTOFFICE OF FATHER

Beeto, SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farm Hand

MOTHER

(14) NAME BEFORE MARRIAGE

Minnie Weeks

(15) PRESENT POSTOFFICE OF MOTHER

Beeto, SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

SC

(19) OCCUPATION

Housewife and Tailor Hand

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

1

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive & full born at Beeto, SC on the date above stated. (Hour 9:30 P.M.)

(23) (Signature)

Dr. J. H. Johnson

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Beeto, SC

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

Jan. 21, 1922

J. H. Johnson

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.

WHITE PLAINS, WITH TEN TABS, FOR TWENTY-FOUR MONTHS, AND MARK THE MONTHS OF THE YEAR IN THE SPACES PROVIDED. IN CASE OF TWINS OR TRIPLETS, BE PREPARED TO FILL IN SEPARATE BLANKS FOR EACH CHILD, AND MARK THE MONTHS OF THE YEAR IN THE SPACES PROVIDED. IN CASE OF TWINS OR TRIPLETS, BE PREPARED TO FILL IN SEPARATE BLANKS FOR EACH CHILD, AND MARK THE MONTHS OF THE YEAR IN THE SPACES PROVIDED. IN CASE OF TWINS OR TRIPLETS, BE PREPARED TO FILL IN SEPARATE BLANKS FOR EACH CHILD, AND MARK THE MONTHS OF THE YEAR IN THE SPACES PROVIDED.