

NOT TO BE REPRODUCED FOR BINDING.

WHITE PLAINS: WITH ADMINISTRATION, THIS IS A PERMANENT RECORD.
N. H.—In case of TWINS OR TRIPLETS, PRINT NAME OF PLACENT FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

McGraw-Hill Book Co., Columbia, S. C.

(1) PLACE OF BIRTH

County of Sumter
Township of Madill
or
Inc. Town of.....
or
City of.....

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

Registration District No. 4103

File No.—For State Registrar Only
2582

Registered No. 6
(For use of Local Registrar)

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

(2) Full Name of Child

Mary Weeks

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 10 1922</u> (Month) (Day) (Year)
(8) FATHER FULL NAME <u>?</u> PRESENT POSTOFFICE OF FATHER <u>?</u> COLOR OR RACE <u>?</u> BIRTHPLACE <u>?</u> OCCUPATION <u>?</u>			(9) MOTHER NAME BEFORE MARRIAGE <u>Evelyn Weeks</u> PRESENT POSTOFFICE OF MOTHER <u>Madison</u> COLOR OR RACE <u>Col</u> BIRTHPLACE <u>DP</u> OCCUPATION <u>Farm Hand</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was female at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Anna Paul

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Madison

Given name added from a supplemental report.

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) M. H. Paul

(27) Filed Jan 21 1922 (28) M. H. Paul Local Registrar

*When there was no attending physician or midwife, even 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.