(1) PLACE OF BIRTH

County of Abbeville

Township of Abbeville

or

Inc. Town of ..... Registration District No. 1.....Registered No. 6

or

City of ..... (No. ..... St.; ..... Ward)

(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
55647

(2) Full Name of Child ...Ralph...Allen...Weeks.... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth (To be answered only in event of Twins or Triplets)	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			Yes	Oct. 22nd 1915

FATHER.	MOTHER.
(8) FULL NAME Foster Allen Weeks	(14) NAME BEFORE MARRIAGE Florence Irene Sutherland
(9) PRESENT POSTOFFICE OF FATHER Abbeville S.C (Star Route)	(15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C (Star Route)
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 36 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE Abbeville County S.C	(18) BIRTHPLACE Abbeville County S.C
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 4	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 9 o'clock A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) W. T. Frantz M.D.

(24) State whether Physician or Midwife	(25) Address of Physician or Midwife
Physician	Abbeville

Given name added from a supplemental report See Affidavit 191.... Registrar

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

(27) Filed 5 13 191.... (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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McCaw, of Columbia.

FORM 5

WARNING: PENALTY FOR FALSE INFORMATION OR FAILURE TO REGISTER BIRTH.

WHEN PLACED WITH PERMANENT RECORD, THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OFFICE, No. 2, etc., in question 5.