

BIRTH-FEMALE

Name of Child *Abigail Weeks*

Color _____ No. of Child of Mother _____

Date of Birth *November 26* Month *1837* Day _____

Maiden Name of Mother *Betsy*

Mother's Birthplace _____ Age _____

Mother's Residence _____

Full Name of Father *Harrison Weeks* Age _____

Father's Birthplace _____

Father's Occupation _____

Condition of Child as to Live or Still Birth _____ Live
Still

If Still Birth the Cause _____

Name of Informant _____

Town **DANVILLE, VT.** *Archelaus Has* Town Clerk