

(1) PLACE OF BIRTH

County of Kershaw
Township of DeKalb

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19115

Inc. Town of

Registration District No. 22701Registered No. 110

(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.

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

SEX OR
GENDERGirl(4) Twin
or triplet?

To be answered only in case of twins or triplets

(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

FULL
NAMEBrooks Robt Cornell(14) NAME BEFORE
MARRIAGELaura Elizabeth MarcusPRESENT
POSTOFFICE
OF FATHERCanaan(15) PRESENT
POSTOFFICE
OF MOTHERCanaanCOLOR
OR
RACEWhite(16) AGE AT LAST
BIRTHDAY31
(Years)(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY28
(Years)

BIRTHPLACE

Lancaster Co

(18) BIRTHPLACE

Kershaw Co

OCCUPATION

Farmer

(19) OCCUPATION

House wifeNumber of children born to
mother, including present birth4(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, 9 9 A.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

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

June 11 1911

(28)

W. H. Miller
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.4
6
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a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
before the fifth month of pregnancy.