

Form No. 1

(1) PLACE OF BIRTH

County of Pickens
Township of Dacusvilleor
Inc. Town ofor
City of

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

(2) Full Name of Child Nannie Brookshire(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 29
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James A. Brookshire(9) PRESENT POSTOFFICE OF FATHER Dacusville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { Three }

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Pitman(15) PRESENT POSTOFFICE OF MOTHER Dacusville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { Three }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Kendra

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

Physician Dacusville

Given name added from a supplemental report

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

(27) Filed March 4, 1914 (28) W. M. Hill 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.

WRITE PLAINLY, WITH UNFADING INK—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 OTHER, No. 2, etc., in question 5.

McGraw, of Columbia

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

50216

Registration District No. 3701 Registered No. 4
(For use of Local Registrar)(2) Full Name of Child Nannie Brookshire { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb. 29
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James A. Brookshire(9) PRESENT POSTOFFICE OF FATHER Dacusville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31
(Years)(12) BIRTHPLACE Greenville S.C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { Three }

MOTHER.

(14) NAME BEFORE MARRIAGE Louisa Pitman(15) PRESENT POSTOFFICE OF MOTHER Dacusville(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth { Three }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. M. Kendra

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

Physician Dacusville

Given name added from a supplemental report

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

(27) Filed March 4, 1914 (28) W. M. Hill 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.