

## (1) PLACE OF BIRTH

County of ColletonTownship of Wanderor  
Inc. Town ofor  
City of

(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

29769

Registration District No. 1405

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Neomia Brooks

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 Twin or Triplet's

(6) Are Parents Married?

(7) DATE OF BIRTH Sept. 16, 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Am. Brooks

(9) RES. POSTOFFICE OF FATHER

Wiggin St

(10) COLOR OR RACE

Ward

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

Ward St

(13) OCCUPATION

Ward

(14) Number of children born to mother, including present birth

13

## MOTHER.

(14) NAME BEFORE MARRIAGE

Alberta Green

(15) PRESENT POSTOFFICE OF MOTHER

Wiggin St

(16) COLOR OR RACE

Ward

(17) AGE AT LAST BIRTHDAY

35

(Years)

(18) BIRTHPLACE

Beaufort St

(19) OCCUPATION

Housewife

(20) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 6 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Isabella Pinkman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeWiggin St

Even name added from a supplemental report

(26) Witness

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

(27) Filed

Sept 17, 22

(28)

B. F. Huganir

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.