

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of City
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
43936

Registration District No. 362... Registered No. 188
 (For use of Local Registrar)

(No. Glenn 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 Milton Brooks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? no (7) DATE OF BIRTH Dec 10 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	<u>Mary Brooks</u>	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	<u>Orangeburg SC</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY (Years)		(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY (Years)	
(12) BIRTHPLACE			(18) BIRTHPLACE	<u>Orangeburg SC</u>	
(13) OCCUPATION			(19) OCCUPATION	<u>Coach</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was White at 4.2 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Delia Robinson (24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife Orangeburg SC

Given name added from a supplemental report

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

(27) Filed 12-29-1922 (28) W. H. Wilson 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.