

(1) PLACE OF BIRTH

County of *Lexington*
 Township of *Bluff Springs*
 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

7723

Registration District No. *3110* Registered No. *7*
 (For use of Local Registrar)

(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 *Birdie 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 *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 14 1923*
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Berry Brooks*
 (9) PRESENT POSTOFFICE OF FATHER *Gaston S.C.*
 (10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *48*
 (12) BIRTHPLACE *S.C.*
 (13) OCCUPATION *Farming*
 (20) Number of children born to mother, including present birth *7*

MOTHER.

(14) NAME BEFORE MARRIAGE *Lillie Belle Larkin*
 (15) PRESENT POSTOFFICE OF MOTHER *Gaston S.C.*
 (16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *34*
 (18) BIRTHPLACE *S.C.*
 (19) OCCUPATION *Domestic*
 (21) Number of children of this mother now living, including present birth *7*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *9 A.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Eliza Larkin* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Gaston S.C.*

Given name added from a supplemental report

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

(27) Filed *Mar 20 1923* (28) *Mrs. Joe Fallaw* 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.