

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.

(1) PLACE OF BIRTH
County of Greenville CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Township of Chick Spring Bureau of Vital Statistics
or Inc. Town of State Board of Health
or City of Registration District No. 2-204 Registered No. 100
(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child James Ward Law 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 2nd (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 7, 1916
To be answered only in case of living or living (Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|--|---|--|---|
| (8) FULL NAME <u>James Oliver Brockman</u> | (14) NAME BEFORE MARRIAGE <u>Sallie Hammett</u> | (9) PRESENT POSTOFFICE OF FATHER <u>Greer R#3 SC</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Greer R#3 SC</u> |
| (10) COLOR OR RACE <u>white</u> | (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | (16) COLOR OR RACE <u>white</u> | (17) AGE AT LAST BIRTHDAY <u>24</u> (Years) |
| (12) BIRTHPLACE <u>Aidville SC</u> | (18) BIRTHPLACE <u>Yuma SC</u> | (13) OCCUPATION <u>Refr. Mechanic</u> | (19) OCCUPATION <u>Domestic</u> |
| (20) Number of children born to mother, including present birth <u>two</u> | (21) Number of children of this mother now living, including present birth <u>two</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was alive at 3:15 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Dr. J. M. Brockman
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 191.....
..... 191.....
Registrar
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed Jan 1, 1916 (28) J. T. ... 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.
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