

(1) PLACE OF BIRTH

County of Barnwell  
 Municipality of Barnwell  
 or  
 Town of Barnwell  
 or  
 City of .....

CERTIFICATE OF BIRTH

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

No. 12944

Registration District No. 5-01 Registered No. 24  
 (For use of Local Registrar)

City of ..... (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 Louise Brooks (If child is not yet named, make supplemental report as directed)

(3) SEX Female (4) Type or Figure To be ascertained in case of Twin or Triple (5) Age Yes (6) DATE OF BIRTH May 15-23  
 (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(14) NAME OF FATHER <u>Nesley Brooks Jr.</u>	(14) NAME OF MOTHER <u>Louise Brooks</u>	(15) PRESENT RESIDENCE OF FATHER <u>Barnwell St</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Barnwell</u>
(16) COLOR OR RACE <u>Negro</u>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
(18) BIRTHPLACE <u>Barnwell St</u>	(18) BIRTHPLACE <u>Frankenburg</u>	(19) OCCUPATION <u>Day labour</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>9</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Lillie Myers  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Barnwell

Given name added from a supplemental report

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

(27) Date May 25-23 (28) H. F. Kirkland 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.