FORM NO. 1.

(1) PLACE OF BIRTH Florence

County of McMillan

Township of .....

or

Inc. Town of ..... Registration District No. 2011 Registered No. 17

or (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.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
52202

(2) Full Name of Child. Willie Brook

If child is not yet named, make supplemental report as directed

(3) ~~BOY OR~~ GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Mar. 2 1906 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME A. S. Brook	(14) NAME BEFORE MARRIAGE Julia McCall
(9) PRESENT POSTOFFICE OF FATHER Effingham	(15) PRESENT POSTOFFICE OF MOTHER Effingham
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)
(12) BIRTHPLACE Florence	(18) BIRTHPLACE Florence
(13) OCCUPATION Farmer	(19) OCCUPATION house wife
(20) Number of children born to mother, including present birth 6	(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 12 (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Corinna McCoskrie

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Effingham

Given name added from a supplemental report

....., 191...

.....
Registrar

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

(27) Filed ..... 191.... (28) A. J. Clements
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.

McCaw, of Columbia