

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

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

3910

Registration District No. 2103

Registered No. 16
(For use of Local Registrar)

(No. 84; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Walter Dore Brockton child is not yet named, make supplemental report as directed

(3) SEX OF CHILD

Male

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Jan 26, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Walter Coo Brockton

(9) PRESENT POSTOFFICE OF FATHER

Andrews St

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26
(Years)

(12) BIRTHPLACE

Williamsburg Co. S.C.

(13) OCCUPATION

Foreman in log wood

(14) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Margaret Elizabeth Heath

(15) PRESENT POSTOFFICE OF MOTHER

Andrews St

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

Williamsburg Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at P. M. on the date above stated. (Born alive or stillborn Home A. M. or P. M.)(22) (Signature) H. C. Brockton

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

Andrews St

Given name added from a supplemental report

(25) Witness

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

(26) Filed

Feb 15, 1923

(27)

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.