

## (1) PLACE OF BIRTH

County of GreenwichTownship of Parishor Town of ParishCity of Greenwich

(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

24691

Registration District No. 209Registered No. 281

(For use of Local Registrar)

Ward

(2) Full Name of Child James Lee Brock

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

(3) <u>BOY</u> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>April 22 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Brock(9) PRESENT POSTOFFICE OF FATHER Greenwich S.C.(10) COLOR OR RACE Leak(11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE Greenwich S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Alice Miller(15) PRESENT POSTOFFICE OF MOTHER Greenwich S.C.(16) COLOR OR RACE Leak(17) AGE AT LAST BIRTHDAY 33  
(Years)(18) BIRTHPLACE Greenwich S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) James Lee Brock(24) State whether Physician or Midwife Physician

Even name added from a supplemental report

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

(27) Filed Sept 1 1923 (28) Thos. F. McAffee 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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