

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

No. 1a.—For State Registrar Only

12762

County of AndersonTownship of Williamston

Inc. Town of

City of

Registration District No. 33Registered No. 33
(For use of Local Registrar)(No. 33)St. 33

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 H. Brooks

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

| | | | | |
|---------------------------------|--|--|---------------------------------------|---|
| (3) SEX OF CHILD <u>Male</u> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth <u>1</u> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>May 23 33</u> (Name of Month) (Day) (Year) |
|---------------------------------|--|--|---------------------------------------|---|

FATHER.

MOTHER.

| | |
|--|--|
| (8) FULL NAME <u>John Brooks</u> | (14) NAME BEFORE MARRIAGE <u>Fizzie Millerkin</u> |
| (9) PRESENT RESIDENCE OF FATHER <u>Piedmont S.C.</u> | (15) PRESENT RESIDENCE OF MOTHER <u>Piedmont S.C.</u> |
| (10) COLOR OR RACE <u>White</u> | (16) COLOR OR RACE <u>White</u> |
| (11) AGE AT LAST BIRTHDAY <u>32</u> (Year) | (17) AGE AT LAST BIRTHDAY <u>35</u> (Year) |
| (12) BIRTHPLACE <u>S.C.</u> | (18) BIRTHPLACE <u>S.C.</u> |
| (13) OCCUPATION <u>Farming</u> | (19) OCCUPATION <u>Domestic</u> |
| (20) Number of children born to mother, including present birth <u>12</u> | (21) Number of children of this mother now living, including present birth <u>5</u> |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 23 1/2 years old on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Dr. J. H. [illegible](24) State Physician or Midwife(25) Address of Physician or Midwife Piedmont S.C.

Give name added from a supplemental report

(26) Witness

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

(27) May 15 23

(28)

Local Registrar

19
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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