

## (1) PLACE OF BIRTH

County of

Greenwill

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

4073

Township of

West Greenwill

Inc. Town

Greenwill

or

Greenwill

City of

Greenwill

Registration District No. 2249

Registered No. 32

(For use of Local Registrar)

(No. 1800)

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

James Harold Brooks

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

X

(5) Number in order of birth

X

To be answered only in event of Twin or Triplet

(6) Are Parents Married

Yes

(7) DATE

Jan 2nd 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Clarence Brooks

(9) PRESENT POSTOFFICE OF FATHER

Greenwill SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

21

(Year)

(12) BIRTHPLACE

Greenwill SC

(13) OCCUPATION

Teacher

## MOTHER.

(14) NAME BEFORE MARRIAGE

Eura Vaughan

(15) PRESENT POSTOFFICE OF MOTHER

Greenwill SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19

(Year)

(18) BIRTHPLACE

Greenwill SC

(19) OCCUPATION

Greenwill SC

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

One (1)

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

One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Greenwill SC

Given name added from a supplemental report

(26) Witness

Signature of Witness necessary only when question 23 is signed by mother

(27) Date

Jan 1, 1923

(28)

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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