CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 4151

(1) PLACE OF BIRTH

County of Greenwood

Township of Walnut Grove

or Inc. Town of .....

or City of Ware Shoals

Registration District No. 2-314 Registered No. 9 (For use of Local Registrar)

(No. 5/2/B ..... 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 Catherine Brooks (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? No

(7) DATE OF BIRTH Feb 21 1923 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER Hodges

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 36 (Years)

(12) BIRTHPLACE Ga

(13) OCCUPATION

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Brooks

(15) PRESENT POSTOFFICE OF MOTHER Ware Shoals S.C.

(16) COLOR OR RACE Black

(17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE ~~Hodges~~ Sumpter, S.C.

(19) OCCUPATION Housework

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 12:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H W Orthmon

(24) State whether Physician or Midwife: Physician

(25) Address of Physician or Midwife: Ware Shoals S.C.

Given name added from a supplemental report

..... 19 .... Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar ..... 19 .... (28) Olin Butler 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.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

Secretary of Commission, Columbia, S. C.

LOCAL REGISTRAR.

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