

WRITE PLAINLY, WITH UNFADING 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 OTHER, No. 2, etc., in question 5.  
 M.Caw. of Columbia

(1) PLACE OF BIRTH

County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston (No. 6, 8, Road St.; ..... Ward)  
 (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  
**84654**

Registration District No. 9A Registered No. 1284  
 (For use of Local Registrar)

(2) Full Name of Child Mildred Emma Brooks If child is not yet named, make supplemental report as directed

(3) GIRL? girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are ~~mother~~ Parents Married? yes (7) DATE OF BIRTH November, 7th, 1916  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Philip Oliver Brooks  
 (9) PRESENT POSTOFFICE OF FATHER Charleston, So. Ca.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28 (Years)  
 (12) BIRTHPLACE Bonneau, So. Ca.  
 (13) OCCUPATION Car inspector  
 (20) Number of children born to mother, including present birth Five

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Matie E. Willis  
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, So. Ca.  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 24 (Years)  
 (18) BIRTHPLACE Ridgely, So. Ca.  
 (19) OCCUPATION none  
 (21) Number of children of this mother now living, including present birth Three

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at ..... 11. A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mrs. A. S. Gaetz  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 89 Nassau st

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed 11/20/16 191..... (28) ..... 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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 Registrar. Filed 10/22/18