

MARGIN FOR RECORD. THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH
County of Lexington
Township of "
or
Inc. Town of "
or
City of "

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

File No.—For State Registrar Only
23060

Registration District No. 3107 Registered No. 43
(For use of Local Registrar)

(No. 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 John L. Brooks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 19 22
(Name of Month) (Day) (Year)

| FATHER. | | MOTHER. | |
|---|--|--|---|
| (8) FULL NAME <u>John L. Brooks</u> | (14) NAME BEFORE MARRIAGE <u>Nancy Jones</u> | (9) PRESENT POSTOFFICE OF FATHER <u>New 10000 and St. W. D</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>New 10000 and St</u> |
| (10) COLOR OR RACE <u>Negro</u> | (11) AGE AT LAST BIRTHDAY <u>52</u> (Years) | (16) COLOR OR RACE <u>Negro</u> | (17) AGE AT LAST BIRTHDAY <u>42</u> (Year) |
| (12) BIRTHPLACE <u>Orangeburg</u> | (18) BIRTHPLACE <u>Lex Co</u> | (13) OCCUPATION <u>Farmers</u> | (19) OCCUPATION <u>Domestic</u> |
| (20) Number of children born to mother, including present birth <u>14</u> | (21) Number of children of this mother now living, including present birth <u>12</u> | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) A. Matthews
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Lexington
Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Aug 10 1922 (28) Mrs. C. E. Jay, Jr 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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