

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

or Inc. Town of

City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registrar Only

12770

Registration District No. 38

Registered No. 58  
(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

Hattie Elizabeth Westbrooke

1. BOY OR GIRL

2. Twin or Triplet?

3. Number in order of birth

4. Are Parents Married?

5. DATE OF BIRTH

May 6, 1923  
(Name of Month) (Day) (Year)

## FATHER

6. FULL NAME

7. PRESENT POSTOFFICE OF FATHER

8. COLOR OR RACE

9. BIRTHPLACE

10. OCCUPATION

11. Number of children born to mother, including present birth

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... at 1:00 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 6, 1923

(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.