

(1) PLACE OF BIRTH

County of WayneTownship of Liberty

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

17573

Registration District No. Registered No.
(For use of Local Registrar)(2) Full Name of Child Arvin If child is not yet named, make supplemental report as directed

3 SEX OR GIRL <u>7</u>	4 Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	5 Number in order of birth <u>1</u>	6 Are Parents Married? <u>yes</u>	7 DATE OF BIRTH <u>June 2, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8 FULL NAME Lucas Brooks9 PRESENT POSTOFFICE OF FATHER Liberty S.C.10 COLOR OR RACE White 11 AGE AT LAST BIRTHDAY 31
(Years)12 BIRTHPLACE S.C.13 OCCUPATION Farmer14 Number of children born to mother, including present birth 2

MOTHER.

14 NAME BEFORE MARRIAGE Velma Wardlaw15 PRESENT POSTOFFICE OF MOTHER Central S.C.16 COLOR OR RACE White 17 AGE AT LAST BIRTHDAY 22
(Years)18 BIRTHPLACE S.C.19 OCCUPATION Housewife20 Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

21 I hereby certify that I attended the birth of this child, who was born alive at 10 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) J. E. Allwood(24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty S.C.

Given name added from a supplemental report

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

(27) Filed 19 .. (28) Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return. It must be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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