

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town ofor
City of Greenville

(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

55960

Registration District No. 22 A Registered No. 135

(For use of Local Registrar)

(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>11</u> <u>10</u> <u>19</u> <u>6</u>
To be reported only in event of Twins or Triplets				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Brockman(9) PRESENT POSTOFFICE OF FATHER Greenville(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE Greenville S. C.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth { 3

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Evans(15) PRESENT POSTOFFICE OF MOTHER Greenville(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Greenville S. C.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth { 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive 10 A M on the date above stated. (Born alive or stillborn, (Hour, A. M. or P. M.))(23) (Signature) Mary X. Williams

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 109 Pinkney St.(26) Witness Grace C. Calhoun

(Signature of Witness necessary only when question 22 is signed by midwife)

C/O Filed Apr. 10 1916 (27) C. Smith

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.

MARGIN RESERVED FOR BINDING.

WHEN 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 2.

County of Columbia.