

(1) PLACE OF BIRTH

County Charleston S.C.

Township of

or

Inc. Town of

or

City of Charleston S.C.

(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

No. 10-For this register

3122

Registration District No. 9 ARegistered No. 197

(For use of Local Registrar)

(No. 572 Green St.)

Ward

(2) Full Name of Child William Brooks

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD girl(4) Twin or Triplet
To be answered only in event of Twin or Triplet(5) Number in order of birth 1(6) Are Parents Married No(7) DATE OF BIRTH Feb. 26, 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Brooks(9) PRESENT RESIDENCE OF FATHER Charleston S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 69
(Years)(12) BIRTHPLACE Charleston S.C.(13) OCCUPATION Barber(14) Number of children born to mother, including present birth 2

MOTHER.

(14) MARRIAGE Marillia Jenkins(15) PRESENT RESIDENCE OF MOTHER Charleston S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was White 7 P.M.
on the date above stated. (Born alive or stillborn) (Egg A. M. or P. M.)(22) (Signature) W. H. Hadd(23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed 3/7 23 (27) 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 INDEXING. WRITE PLAINLY, WITH UNFADING INK, IN A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK BY FIRST-BORN, No. 1, THEN OTHER, No. 2, etc., IN ORDER.

Form No. 6

Bureau of Vital Statistics, Charleston, S.C.