

(1) PLACE OF BIRTH

County of ClarendonTownship of DouglasInc. Town of 10City of 1

(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

76427

Registration District No. 1303 Registered No. 135

(For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 19, 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Whelan Brockinton(9) PRESENT POSTOFFICE OF FATHER Lincolnton, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Williamburg Co(13) OCCUPATION Laborer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mrs. Woods(15) PRESENT POSTOFFICE OF MOTHER Lincolnton, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Clarendon Co(19) OCCUPATION Laborer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. M. Gill(24) State whether Physician or Midwife (25) Address of Physician or Midwife New Zion, S.C.

Given name added from a supplemental report

(26) Witness E. B. Gault (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9/25 191... (28) W. J. Summerville 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.