

## (1) PLACE OF BIRTH

County of Hickory  
 Township of Schultz  
 or  
 Inc. Town of .....  
 or  
 City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

2896

Registration District No. 7.1.3Registered No. 10  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (No. .... St.; .... Ward)

(2) Full Name of Child Carrie Lee Brooks

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

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH July 25, 27  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Willie Brooks  
 (9) PRESENT POSTOFFICE OF FATHER Augusta Ga R4  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (12) BIRTHPLACE A C  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lee Thomas  
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R4  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (18) BIRTHPLACE A C  
 (19) OCCUPATION Laundress  
 (21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 3 H. M. on the date above stated. (Do not write "Born alive or stillborn" (Hour A. M. or P. M.))

(23) (Signature) Nettie Thomas  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga R4

Given name added from a supplemental report

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

19 ..  
Registrar

(27) Filed 7.2.8 19.. (28) J. H. Medlock  
 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.

MARSH RECEIVED FOR BIRTH  
 THIS FORM IS TO BE FILLED OUT BY THE BIRTH PARENTS OR BY THE PHYSICIAN OR MIDWIFE, AND MUST BE  
 SUBMITTED TO THE STATE BOARD OF HEALTH, COLUMBIA, S. C., WITHIN THE FIRST MONTH OF THE YEAR FOLLOWING THE BIRTH OF THE CHILD.  
 DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.