

WHITE 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 5.

(1) PLACE OF BIRTH

County of

Richland

Township of

or
Inc. Town ofor
City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Middie Louie Brock

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36222

Registration District No. *380*Registered No. *1836*

(For use of Local Registrar)

St. Ward

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

(3) BOY OR GIRL?

girl

(4) Twin or triplet?

Take answers only in case of twins or triplets.

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

Oct 21 22

FATHER.

(8) FULL NAME

Henry Louis Brock

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

22

(Years)

(12) BIRTHPLACE

Richland Co

(13) OCCUPATION

Southern Shop

(20) Number of children born to mother, including present birth

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Rosa Laura

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

18

(Years)

(18) BIRTHPLACE

Columbia S.C.

(19) OCCUPATION

house keep

(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 *4:15* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Jessie Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

midwife 2109 Elmwood St

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 24 is signed by mark)

Bessie Brown(27) Filed *11-5* 191*2*

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return, a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

ALL CHILDREN RECORDED BY THIS OFFICE. IF MUST NOT BE REPORTED AS STILLBORN. NO REPORT IS DESIRED OF STILLBIRTHS before the fifth month of pregnancy.