

FORM NO. 1.

(1) PLACE OF BIRTH

County of Greenville

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 Baby Brooks

File No.—For State Registrar Only

43048Registered No. 45

(For use of Local Registrar)

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

(3) BOY OR GIRL Boy(4) Twin or Triplet? X

(5) Number in order of birth

(6) Are Parents Married? yes(7) DATE BIRTH Dec 29 1911

(Name of Month) (Day) (Year)

(8) FULL NAME

Albert G. Brooks

(9) PRESENT POSTOFFICE OF FATHER

Greenville S. C.

(10) COLOR OR RACE

White(11) AGE AT LAST BIRTHDAY 28

(Years)

(12) BIRTHPLACE

Spartanburg S. C.

(13) OCCUPATION

Mill hand

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

Two (2)

(14) NAME BEFORE MARRIAGE

Mrs. Ada Cole

(15) PRESENT POSTOFFICE OF MOTHER

Greenville S. C.

(16) COLOR OR RACE

White(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE

Marshall S. C.

(19) OCCUPATION

Domestic affairs

(21) Number of children of this mother now living, including present birth

Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 12-45 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. E. Bell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Greenville

Given name added from a supplemental report

1911

Registrar

(26) Witness

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

(27) Date Dec 29 1911(28) G. T. Mack

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SUPPLEMENTARY BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia

S. A. F. E. T. Y. A. F. I. L.