

FORM NO. 1.

(1) PLACE OF BIRTH

County of Greenville

Township of

or
Inc. Town of

City of

(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

13148

Registration District No. 7209 Registered No. 45

(For use of Local Registrar)

(2) Full Name of Child Baby Brooks

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u> <small>(to be reported only in case of twins or triplets)</small>	(6) Are Parents Married? <input checked="" type="checkbox"/>	(7) DATE OF BIRTH <u>Dec 29 1915</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER
(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 Lancaster S. C.

(13) OCCUPATION Mill hand

(20) Number of children born to mother, including present birth Two (2)

MOTHER
(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 29 (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. Jett

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Greenville

Given name added from a supplemental report

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

(27) Date Dec 29 1915 (28) A. 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 SEPARATE BLANK for each child, and mark the McCaw of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

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