

## (1) PLACE OF BIRTH

County of SpurthuryTownship of 103

or Inc. Town of .....

or City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 40009

File No.—For State Registrar Only

32199

Registered No. 104  
(For use of Local Registrar)

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

(2) Full Name of Child Paula Mae Brooks If child is not yet named, make supplemental report as directed3 SEX OR GIRL Girl 4 Twin or Triplet? No 5 Number in order of birth 1st 6 Are Parents Married? Yes 7 DATE OF BIRTH Sept 2 22  
(Month of Month) (Day) (Year)

FATHER. MOTHER.

8 FULL NAME William Brooks (14) NAME BEFORE MARRIAGE Rosa Brummon9 PRESENT POSTOFFICE OF FATHER Wellford St 2 (15) PRESENT POSTOFFICE OF MOTHER Same10 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 22 (Year) (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Year)12 BIRTHPLACE SC (18) BIRTHPLACE SC13 OCCUPATION Farming (19) OCCUPATION Domestic20 Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 5 P. M. at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. C. Mack(24) State whether Physician or Midwife (25) Address of Physician or Midwife Summerville

Give name added from a supplemental report

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

(27) Filed 9/3 22 (28) J. C. 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.

Registrar

LOCAL REGISTRAR

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