

## (1) PLACE OF BIRTH

County of FlamTownship of Myrtle

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

No. 10.—For this Register only

28305

Registration District No. 200 Registered No. 35

(For use of Local Registrar)

(2) Full Name of Child Roma Brockington

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

(3) SEX <u>Female</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) AGE <u>19</u>	(7) DATE OF BIRTH <u>Feb 17, 1923</u> (Month of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Franklin Brockington(9) PRESENT RESIDENCE OF FATHER Flam R. 7th(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Brockington(15) PRESENT RESIDENCE OF MOTHER Flam R. 7th(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 7

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Edith J. Jones

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Myrtle

Given name added from a supplemental report

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

(26) Filed Feb 19, 1923 (27) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.