

THIS IS A PERMANENT RECORD.  
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 Greenville  
Township of .....  
or  
Inc. Town of .....  
or  
City of Greenville (No. 235, Sullivan St.; 6 Ward)  
(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  
4265

Registration District No. 12A Registered No. 54  
(For use of Local Registrar)

(2) Full Name of Child Not named. If child is not yet named, make supplemental report as directed.

(3) <u>UNKNOWN</u> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u> To be answered only in event of Twins or Triplets	(6) Are Parents Married? <u>Yes</u>	(7) <u>2/9/22</u> BIRTH (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Jno. Brockman.</u>	(14) NAME BEFORE MARRIAGE <u>Annie Butler.</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Greenville, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville, S.C.</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>Greenville, S.C.</u>	(18) BIRTHPLACE <u>Greenwood, S.C.</u>	(13) OCCUPATION <u>Cooke.</u>	(19) OCCUPATION <u>Housekeeper.</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>one</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was live 7.50 P. M. at ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. P. Boyd

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-  
tal report

(26) Witness

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

(27) Filed Feb 11 1922

(28) C. E. Smith

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.

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