

## (1) PLACE OF BIRTH

County of Newberry

Township of .....

or  
Inc. Town of Helena

or

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29461

Registration District No. 3408 Registered No. 56  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Magnolia Brooks If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 15, 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John Brooks(9) PRESENT POSTOFFICE OF FATHER Helena, S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 30  
(Years)(12) BIRTHPLACE Newberry Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 6

## MOTHER.

(14) NAME BEFORE MARRIAGE Bill Wilson(15) PRESENT POSTOFFICE OF MOTHER Helena, S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Newberry Co(19) OCCUPATION Washing(20) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leah Wilson (24) State whether Physician or Midwife (25) Address Helena, S.C.

(Given name, added from a supplemental report)

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

(27) Filed Sept 22, 1923 (28) Ed Summingham 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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