

## (1) PLACE OF BIRTH

County of Anderson  
 Township Otomea Patti

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28804

Inc. Town of ..... Registration District No. 3.0.7 Registered No. 115  
 or ..... (For use of Local Registrar)  
 City of ..... (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, Claudie Brooks { If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD boy (4) Twin or triplet? no (5) Number in order of birth 1 (6) Are Parents Married? X (7) DATE OF BIRTH Sept. 13 1922  
 (Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME Robert Brooks

(14) NAME BEFORE MARRIAGE Stattie Key

(9) PRESENT POSTOFFICE OF FATHER Otomea Patti

(15) PRESENT POSTOFFICE OF MOTHER Otomea Patti

(10) COLOR OR RACE black (11) AGE AT LAST BIRTHDAY 34 (Years)

(16) COLOR OR RACE black (17) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE alberille Co

(18) BIRTHPLACE S. C.

(13) OCCUPATION Farmer

(19) OCCUPATION Dom

(20) Number of children born to mother, including present birth 1 2

(21) Number of children of this mother now living, including present birth 1 0

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ida Perrett

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

midwife Otomea Patti

Given name added from a supplemental report

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

(27) Filed Sept 30 1922 (28) Jennet Williams 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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