

(1) PLACE OF BIRTH

County of Saluda

Township of

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

File No. - For State Registrar Use

33775

Registration District No. 3.2.03 Registered No. 72
(For use of Local Registrar)(2) Full Name of Child Willie Brooke 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 Yes (7) DATE OF BIRTH July 7, 1923
(Signed Birth) (Day) (Year)

FATHER.

(8) FULL NAME John Brooke(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Saluda County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 2

MOTHER.

(14) NAME BEFORE MARRIAGE Charlotte Brooke(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Saluda County(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive 6 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Mary Williams
(23) State whether Physician or Midwife (24) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

(25) Witness Mrs. Marie Grant
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Nov 9, 1923 (27) Maria Grant
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.