

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—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 Hardy

Township of .....

or Inc. Town of .....

or City of Hardy

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

3423

Registration District No. 9A

Registered No. 270

(For use of Local Registrar)

(2) Full Name of Child Brooks James

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 12 22</u> (Name of Month) (Day) (Year)
(9) FULL NAME <u>Allice James</u>		(10) NAME BEFORE MARRIAGE <u>Joseph Reid</u>	
(11) PRESENT POSTOFFICE OF FATHER <u>Hardy</u>		(12) PRESENT POSTOFFICE OF MOTHER <u>Hardy</u>	
(13) COLOR OR RACE <u>White</u>	(14) AGE AT LAST BIRTHDAY <u>21</u> (Year)	(15) COLOR OR RACE <u>White</u>	(16) AGE AT LAST BIRTHDAY <u>17</u> (Year)
(17) BIRTHPLACE <u>Hardy</u>		(18) BIRTHPLACE <u>Johns River</u>	
(19) OCCUPATION <u>Domestic</u>		(20) OCCUPATION <u>Domestic</u>	
(21) Number of children born to mother, including present birth <u>1</u>		(22) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Allice at Hardy on the date above stated. (Born alive or stillborn: (Hour \* M. or P. M.)

(24) (Signature) Allice Bryan  
(25) State whether Physician or Midwife Midwife (26) Address of Physician or Midwife 13 Phoebe St.

Given name added from a supplemental report

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

(28) Filed 3/15 22 (29) 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.

(Date of)

Filed 3/15 22 Cor. 9-9537

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