

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA,**  
**Bureau of Vital Statistics**  
**State Board of Health**

File No. — For State Registrar Only

**15638**

Registration District No. **20 B** Registered No. **19**  
(For use of Local Registrar)

(No. .... St. .... Ward) **1**  
 If child is not yet named, make supplemental report as directed

Full Name of Child. ....

(1) Sex **Male** (2) Number in order of birth **1** (3) Are Parents Married? **Yes** (4) DATE OF BIRTH **May 4, 1922**  
(Date entered only if event of same in fields) (Name of Month) (Day) (Year)

**FATHER** **MOTHER**  
 (14) NAME BEFORE MARRIAGE **Monkie Brooks**  
 (15) PRESENT POSTOFFICE OF MOTHER **Lake City, S.C.**  
 (16) COLOR OR RACE **White** (17) AGE AT LAST BIRTHDAY **43**  
 (18) BIRTHPLACE **Williamstown, S.C.**  
 (19) OCCUPATION **Teacher**  
 (21) Number of children of this mother now living, including present birth **7**

Signature of Attending Physician or Midwife  
 I attended the birth of this child, who was **live** as **3, 30 2**  
(Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) **M. V. L. Litchfield, M.D.** (23) State whether Physician or Midwife **Phys** (24) Address of Physician or Midwife **Lake City, S.C.**

(25) Witnesses (Signature of Witness necessary only when question 22 is signed by mark) **W. L. Litchfield**  
 (27) Filed **5/15-22** (28) Local Registrar **W. L. Litchfield**

If attending physician or midwife, then the father, householder, etc., should make this return. If not, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.  
 If a child is stillborn, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.