

MARGIN RESERVED FOR INDEXING.

WRITE 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 1.

(1) PLACE OF BIRTH

County of Charleston
 Township of Charleston
 Inc. Town of.....
 City of.....

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

No. for State Registrar only
3413

Registration District No. 1291 Registered No. 22
 (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 James H. Brock (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type Single (5) Number in order of birth 1 (6) Are twins marked Yes (7) DATE OF BIRTH Feb 27, 1923
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Harley Brock</u>	(10) NAME BEFORE MARRIAGE <u>Victoria Davis</u>	(10) FULL NAME <u>Victoria Davis</u>	(10) NAME BEFORE MARRIAGE <u>Victoria Davis</u>
(9) PRESENT RESIDENCE OF FATHER <u>Charleston S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Charleston S.C.</u>	(11) PRESENT RESIDENCE OF FATHER <u>Charleston S.C.</u>	(11) PRESENT RESIDENCE OF MOTHER <u>Charleston S.C.</u>
(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>30</u> (Year)	(12) COLOR OR RACE <u>White</u>	(13) AGE AT LAST BIRTHDAY <u>28</u> (Year)
(14) BIRTHPLACE <u>S.C.</u>	(15) BIRTHPLACE <u>S.C.</u>	(14) BIRTHPLACE <u>S.C.</u>	(15) BIRTHPLACE <u>S.C.</u>
(16) OCCUPATION <u>Farmer</u>	(17) OCCUPATION <u>Housekeeper</u>	(16) OCCUPATION <u>Farmer</u>	(17) OCCUPATION <u>Housekeeper</u>
(18) Number of children born to mother, including present birth <u>7</u>	(19) Number of children of this mother now living, including present birth <u>4</u>	(18) Number of children born to mother, including present birth <u>7</u>	(19) Number of children of this mother now living, including present birth <u>4</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(21) (Signature) Charlotte Smithers (22) State whether Physician or Midwife Midwife (23) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

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

(25) Filed Feb 28, 1923 (26) P. B. Ingram 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.