

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Black Creek

Inc. Town of.....

City of.....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child J. G. Brakefield

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

September 1, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Johnson John Brakefield

(9) PRESENT POSTOFFICE OF FATHER

Sharon SC PH 2

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

York Co SC

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Sallie Hill

(15) PRESENT POSTOFFICE OF MOTHER

Sharon SC PH 2

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

36
(Years)

(18) BIRTHPLACE

York Co SC

(19) OCCUPATION

Housewife

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

1 8

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

1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Sharon SC on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charlotte Carter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Sharon SC PH 2

Given name added from a supplemental report

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

(27) Filed Sept 7 1922 (28) W. C. Mitchell 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.

N. B.—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.

MEDICAL DEPARTMENT, COLUMBIA, S. C.