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Form No. 10. MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD.

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.

McKay, of Columbia

(1) PLACE OF BIRTH  
 County of Richland  
 Township of Jefferson  
 Inc. Town of .....  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

Registration District No. 38043 Registered No. ....  
 (For use of Local Registrar)

File No.—For State Registrar Only  
**74599**

(2) Full Name of Child Johnny Samuel Brooks  
 If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>2 boys</u>	(4) Twin or Triplet? <u>Twins</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>July 6</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Charlie Brooks</u>			(14) NAME BEFORE MARRIAGE <u>Francis Smith</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia, R. F. D. 3</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia, R. F. D. 38</u>	
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Columbia S. C.</u>			(18) BIRTHPLACE <u>Marion County</u>	
(13) OCCUPATION <u>Day worker</u>			(19) OCCUPATION <u>Keeping house</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>7</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at July 6 1916  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sidney Johnson(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

Aug 1916  
J. H. Taylor  
 Registrar

(26) Witness J. H. Taylor  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/9/16 (28) J. H. Taylor  
 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.