

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.

(1) PLACE OF BIRTH
 County of Wayne
 Township of Lawson
 or
 Inc. Town of
 or
 City of (No. St. Ward)
 (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
7857

Registration District No. 3401

Registered No. 7
 (For use of Local Registrar)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 1 1922
 To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Samuel Brooks</u>	(14) NAME BEFORE MARRIAGE <u>Carrie Maynard</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Hamlet S.C. R.F.D.</u>	(16) COLOR OR RACE <u>Black</u>
(11) AGE AT LAST BIRTHDAY <u>23</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>	(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>
(13) OCCUPATION <u>Farm work</u>	(19) OCCUPATION <u>Farm help</u>	(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Katy L. Royal
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hamlet S.C. R.F.D.
 Given name added from a supplemental report Geo C. Richardson
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Geo C. Richardson
 (27) Filed Jan 4 1922 (28) Geo C. Richardson 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 stillborn before the fifth month of pregnancy.

W.P. Ellis S.R.