

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 5.

(1) PLACE OF BIRTH

County of Henry  
Township of Henry  
OF  
Inc. Town of  
OF  
City of

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

File No.—For State Registrar Only

7372

Registration District No. 2502 Registered No. 32  
(For use of Local Registrar)

(2) Full Name of Child

3 BOY OR GIRL? Girl 4 Twin or Triplet? No 5 Number in order of birth 1  
To be answered only in event of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 31 1923  
(Name of Month) (Day) (Year)

**FATHER.**

8 FULL NAME James Nelson Brock

9 PRESENT POSTOFFICE OF FATHER Adrian S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 36  
(Year)

(12) BIRTHPLACE Henry County S.C.

(13) OCCUPATION Learning

20 Number of children born to mother, including present birth 1

(14) NAME BEFORE MARRIAGE Mary Lillie Johnson

(15) PRESENT POSTOFFICE OF MOTHER Adrian S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31  
(Year)

(18) BIRTHPLACE Marion County S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born at 11:30 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. K. Stanley

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Henry County S.C.

Given name added from a supplemental report

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

(27) Filed Dec 15 1923 (28) 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.