

(1) PLACE OF BIRTH

County of AndersonTownship of Lawrenceor
Inc. Town ofor
City of

(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

6478

Registration District No. 3/3... Registered No. 88
(For use of Local Registrar)

St. Ward)

(No.)

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

(2) Full Name of Child, Mary Louise Brock(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH 1 31 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Roder Brock(9) PRESENT POSTOFFICE OF FATHER Ridgeland S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Ridgeland S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Orie Eail(15) PRESENT POSTOFFICE OF MOTHER Ridgeland S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Ridgeland S.C.(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 0 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed April 1922 (28) E. D. Brock 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.

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