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Form No. 3

CERTIFICATE OF BIRTH

FILE No. For State Registrar Only
01160

1. PLACE OF BIRTH
County of Richland
Township of Lykesland
or
Inc. Town of _____
or
City of _____

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3803 Registered No. _____
(For use of Local Registrar)
St.; _____ Ward _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD Charles Edwin Brooks If child is not yet named, make supplemental report as directed.

3. BOY OR GIRL Boy 4. Twin or Triplet? _____ 5. Number in order of birth _____ 6. Are Parents Married? yes 7. DATE OF BIRTH Jan. 27, 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER
8. FULL NAME Drayton K. Brooks

MOTHER
14. NAME BEFORE MARRIAGE Eula Harmon

9. ADDRESS AT CHILD'S BIRTH Lykesland S.C.

15. ADDRESS AT CHILD'S BIRTH Lykesland S.C.

10. COLOR OR RACE White 11. AGE AT CHILD'S BIRTH 32
(Years)

16. COLOR OR RACE White 17. AGE AT CHILD'S BIRTH 24
(Years)

12. BIRTHPLACE Richland Co.

18. BIRTHPLACE Richland Co.

13. OCCUPATION Farming

19. OCCUPATION Music Teacher

20. Number of children born to mother, including present birth 3

21. 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 _____ at _____ M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

23. Signature Nubert Clayton, M.D.
24. State whether Physician or Midwife _____ 25. Address of Physician or Midwife Lykesland S.C.

Given name added from a supplemental report
_____, 194_____

Registrar

26. Witness _____
(Signature of Witness necessary only when question 23 is signed by mark)
27. Filed July 26, 1943 28. L.A. Riser, M.D.
Local Registrar

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING 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.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breaths even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.