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no comma,
(free)

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Form No. 3

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.

1. PLACE OF BIRTH
County of Richland
Township of Lykesland
or
Inc. Town of
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
01160

Registration District No. 3803 Registered No.
(For use of Local Registrar)

St.; Ward)

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

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>Jan. 27, 1922</u> (Name of Month) (Day) (Year)
8. FULL NAME <u>Drayton K. Brooks</u>		14. NAME BEFORE MARRIAGE <u>Eula Harmon</u>		
9. ADDRESS AT CHILD'S BIRTH <u>Lykesland S.C.</u>		15. ADDRESS AT CHILD'S BIRTH <u>Lykesland S.C.</u>		
10. COLOR OR RACE <u>White</u>	11. AGE AT CHILD'S BIRTH <u>32</u> (Years)	16. COLOR OR RACE <u>White</u>	17. AGE AT CHILD'S BIRTH <u>24</u> (Years)	
12. BIRTHPLACE <u>Richland Co.</u>		18. BIRTHPLACE <u>Richland Co.</u>		
13. OCCUPATION <u>Farming</u>		19. OCCUPATION <u>Music Teacher</u>		
20. Number of children born to mother, including present birth <u>3</u>		21. Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

23. Signature.....Hubert Clayton
24. State whether Physician or Midwife.....Physician
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

*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.