

MARGIN RESERVED FOR BINDING.

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		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Hampton</u>		STATE OF SOUTH CAROLINA		77470	
Township of <u>Peebles</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>2402</u>		Registered No. <u>185</u>	
or				(For use of Local Registrar)	
City of		(No. 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 <u>Thomas Miles Brooks</u> { If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 5 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Odie Brooks</u>			(14) NAME BEFORE MARRIAGE <u>Sarah Brooks</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Brunson RD</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Brunson RD</u>		
(10) COLOR OR RACE <u>Cold</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> Years	(16) COLOR OR RACE <u>Cold</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> Years		
(12) BIRTHPLACE <u>Hampton Co</u>			(18) BIRTHPLACE <u>Hampton Co</u>		
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Household work</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 <u>alive</u> at <u>7 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ballie Walker</u> Midwife					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife <u>Brunson RD</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 19			(27) Filed <u>Sept 13 1916</u> (28) <u>J. H. Rogers</u> 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.					

RECEIVED COLUMBIA, S. C.