

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

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County of Dorchester

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of York

17375

Inc. Town of YorkRegistration District No. 1506Registered No. 27
(For use of Local Registrar)City of York (No. 1506 St. 27 Ward 27)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)2) Full Name of Child Chloe Brockington If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? girl (4) Twin or Triplet? ✓ (5) Number in order of birth 6 (6) Are Parents Married? yes (7) DATE OF BIRTH March 6 1923
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Wm. Brockington(14) NAME BEFORE MARRIAGE Bessie Caroway(9) PRESENT POSTOFFICE OF FATHER Lamar S.C. R.T.(15) PRESENT POSTOFFICE OF MOTHER Lamar S.C. R.T.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 4 (Years)(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 16 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION arming(19) OCCUPATION House keeping & farm work(20) Number of children born to mother, including present birth Six(21) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive At 2:15 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rich. Horn(24) State whether Physician or Midwife (25) Address of Physician or Midwife Dorchester S.C. R.T.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed) R. M. Jones(27) Filed June 23 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.