

(1) PLACE OF BIRTH

County of *Lyngton*

Township of

or
Inc. Town of

or

City of *Westbrookland* (No. *700* *Milwaukee* St.; Ward)
(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

46843

(2) Full Name of Child *Gertrude Brock* { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Jan. 2* 191*5*
To be answered only in event of twins or triplets (Same of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Luther Brock*(9) PRESENT POSTOFFICE OF FATHER *Wm Brookland*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *24* (Years)(12) BIRTHPLACE *P C*(13) OCCUPATION *mill Operator*(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Willie May Porter*(15) PRESENT POSTOFFICE OF MOTHER *Wm Brookland*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *18* (Years)(18) BIRTHPLACE *D C*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive*, at *11:30 P* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *R. J. Jennings*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed *Jan. 1* 191*5* (28) *Legal Registrar*

*When there was no attending physician or midwife, then the father, householder, etc., should make a 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

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