

## (1) PLACE OF BIRTH

County of ColletonTownship of St.

Inc. Town of .....

City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child A. P. Brooks (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Boy (4) Type of Infant To be born in care of father or mother (5) Name of Father Brooks (6) DATE OF BIRTH Feb 15 23

FATHER.		MOTHER.	
(8) FULL NAME <u>George Washington Brooks</u>	(14) NAME BEFORE MARRIAGE <u>Anna Miller</u>	(9) PRESENT RESIDENCE OF FATHER <u>Schulda S.C. 5-</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Schulda S.C. 15-</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>29</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Housewife</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 ... Alive ... at 1 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Miller (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Schulda S.C. 15-

Given name added from a supplemental report

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

(27) Filed Feb 15 23 (28) J. C. ...

When there was no attending physician or midwife, then the father, householder, or other person must sign this certificate. If a child breathes even once, it must not be reported as stillborn. No report to be made before the fifth month of pregnancy.