

Form No. 1.

(1) PLACE OF BIRTH **W. M. Burg**
 County of **W. M. Burg** STATE OF SOUTH CAROLINA.
 Township of **T. M. S. S.** Bureau of Vital Statistics
 or Registration District No. **432** State Board of Health
 Inc. Town of **T. M. S. S.**
 or City of **T. M. S. S.**

File No.—For State Registrar Only
44917

Registered No. **12**
 (For use of Local Registrar)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 If child is not yet named, make supplemental report as directed

(2) Full Name of Child **Bessie Brockington**

(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 **June 1 1915**
 (Name of Month) (Day) (Year)

FATHER. (8) FULL NAME **Jelaud Brockington** (14) NAME BEFORE MARRIAGE **Silma Fulton**

(9) PRESENT POSTOFFICE OF FATHER **T. M. S. S.** (15) PRESENT POSTOFFICE OF MOTHER **T. M. S. S.**

(10) COLOR OR RACE **Black** (11) AGE AT LAST BIRTHDAY **21** (16) COLOR OR RACE **Black** (17) AGE AT LAST BIRTHDAY **18**
 (Years) (Years)

(12) BIRTHPLACE **T. M. S. S.** (18) BIRTHPLACE **Salisbury S.C.**

(13) OCCUPATION **Cotton Picker** (19) OCCUPATION **Cook**

(20) Number of children born to mother, including present birth **1** (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 **alive** at **11-2** M. on the date above stated. (Born **alive** or **stillborn**) (Hour **A. M.** or **P. M.**)

(23) (Signature) **Beau Simpson** (25) Address of Physician or Midwife **W. M. S. S.**

(24) State **South Carolina** (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) **W. M. S. S.**

(27) Filed **6-17-15** (28) Local Registrar **W. M. S. S.**

Given name added from a supplemental report **191**

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.

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.