

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

6981

Registration District No.

Registered No.

(For use of Local Registrar)

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

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL

Girl

(4) Twin or Triplet

X

(5) Number in order of birth

X

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Jan. 16, 1923

FATHER.

(8) FULL NAME

Charles Council Brinkley

(9) PRESENT POSTOFFICE OF FATHER

Gorleston, S.C. R7D#1

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

44

(12) BIRTHPLACE

Wintown, N.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

May Van Kusen

(15) PRESENT POSTOFFICE OF MOTHER

Gorleston, S.C. R7D#1

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

40

(18) BIRTHPLACE

Johns River, S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

6

(21) Number of children of this mother now living, including present birth

6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was, on the date above stated.

Born alive at 2-30 A.M.

(23) (Signature)

H. B. Beckman

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician

Gorleston, S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 1923

(28)

No. P. D. King

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.