

Form No. 10. 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.
McGraw-Hill of Columbia

(1) PLACE OF BIRTH
County of Worcester
Township of King
or
Inc. Town of
or
City of
(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
87715

Registration District No. 1303 Registered No. 114
(For use of Local Registrar)

(2) Full Name of Child Ruth Brookings { 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) Age of Parents 20 (7) DATE OF BIRTH Dec 30 1914
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME J. F. Brookings
(9) PRESENT POSTOFFICE OF FATHER Fowler
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)
(12) BIRTHPLACE Worcester
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth { 7

MOTHER.
(14) NAME BEFORE MARRIAGE Louise Haines
(15) PRESENT POSTOFFICE OF MOTHER Fowler
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)
(18) BIRTHPLACE Worcester
(19) OCCUPATION Housekeeper
(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 alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hutton (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Fowler

Given name added from a supplemental report

(26) Witness J. F. Brookings (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 31 1914 (28) W. H. Hutton 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.