

MARGIN RESERVE FOR BINDING.
WHEN PLACING, BE CAREFUL TO PLACE THE CHILD IN THE CENTER OF THE PAGE.
IN CASE OF TWIN OR TRIPLETS, THE CHILD SHOULD BE PLACED IN THE CENTER OF THE PAGE.
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(1) PLACE OF BIRTH

County of Clarendon
Township of St. Mark
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

41792

Registration District No. 1310

Registered No. 43
(For use of Local Registrar)

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Fannie Albrooke (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 Dec 18 22
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Louis Albrooke</u>	(14) NAME BEFORE MARRIAGE <u>Lula Thamer</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wilson A.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wilson A.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>40</u> (Years)
(12) BIRTHPLACE <u>A.C.</u>	(18) BIRTHPLACE <u>A.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>8</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Liddie Conner
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Wilson A.C.

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 23 is signed by male) W.H. Spotts
(27) Date Dec 26 22 (28) 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 be reported as stillborn. No report is desired of stillbirths before the 10th month of pregnancy.