CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
20019

Registration District No. 3X0 | Registered No. ..... (For use of Local Registrar)

(1) PLACE OF BIRTH

County of Richland
Township of Center
or
Inc. Town of .....
or
City of Columbia (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 Wesley Brooks. | If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH. (Name of Month) (Day) (Year)
boy			yes	June 17, 1922

FATHER.

(8) FULL NAME Mellon Brooks
(9) PRESENT POSTOFFICE OF FATHER Columbia
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 45 (Years)
(12) BIRTHPLACE Congree S.C.
~~His Place~~ Columbia S.C.
(13) OCCUPATION Drayman
(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Galloway
(15) PRESENT POSTOFFICE OF MOTHER Columbia
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 34 (Years)
(18) BIRTHPLACE Gadsden S.C.
(19) OCCUPATION Nurse & Keeper
(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 born June 17, at 5:15 P.M., on the date above stated. June 17, 1922. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) La Vesta Davis
(24) State whether Physician or Midwife: midwife
(25) Address of Physician or Midwife: Lidelands S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

(26) Witness Mrs. Sampson McLaughlin
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 25 1923 (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 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.

Form No. 6

McCAW OF COLUMBIA, COLUMBIA, S. C.

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