

(1) PLACE OF BIRTH

County of Spartina
 Township of Cooper
 Inc. Town of
 City of McBrookland
 (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

Registration District No. 3105

File No.—For State Registrar Only

25340Registered No. 76
 (For use of Local Registrar)St. Ward
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child

(a) SEX OF CHILD Girl (b) DAY OF MONTH One (c) Month in Year of Birth June
 To be entered only if date of birth or month

(d) FATHER'S MOTHER'S MARRIAGE NO. 10 (e) DATE OF BIRTH Jan 31 (f) (Year) 1923
 (g) (h) (i)

FATHER.

(1) FULL NAME Black Jones
 (2) PRESENT RESIDENCE OF FATHER McBrookland - 18
 (3) COLOR OR RACE Caucasian (4) AGE AT LAST BIRTHDAY 26 (Years)
 (5) BIRTHPLACE McBrookland

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth 1 (P)

(10) NAME BEFORE MARRIAGE Phenice Rice
 (11) PRESENT RESIDENCE OF MOTHER McBrookland

(12) COLOR OR RACE Caucasian (13) AGE AT LAST BIRTHDAY 26 (Years)
 (14) BIRTHPLACE McBrookland

(15) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 1 (P)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8 A.M.
 on the date above stated.

(23) (Signature) W. C. Lyle (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) WITNESS (Signature of Witness necessary only when question 22 is signed by mark)

(27) FILED 9 (28) REC'D. 10-23 (29) J. C. Lyle, 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.

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