

(1) PLACE OF BIRTH

County of Aiken

Township of

Inc. Town of

City of Aiken

(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. 2 ARegistered No. 9
(For use of Local Registrar)(2) Full Name of Child Mary Ann Brooks If child is not yet named, make supplemental report as directed

3) SEX OF CHILD <u>Girl</u>	4) Type of Infant <u>To be reported to Bureau of Vital Statistics</u>	5) Date of Birth <u>Jan 9, 1923</u>
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FATHER.

(1) FULL NAME Henry Brooks(2) PRESENT RESIDENCE OF FATHER Aiken, P.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 47(12) BIRTHPLACE Aiken, P.C.(13) OCCUPATION City Clerk & Treasurer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Haffner(16) PRESENT RESIDENCE OF MOTHER Aiken, P.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 27(12) BIRTHPLACE Newberry, P.C.(13) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:20 P.M. on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)(23) (Signature) B. J. Wyman(24) State whether Physician or Midwife (25) Address of Physician or Midwife Aiken, P.C.

Given name added from a supplemental report

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

(27) Filed 1/15/23 (28) H. P. Ashhurst Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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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H. P. Ashhurst