

1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—For State Registrar Only

66332

County of *Spokane*

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Township of *Spokane*

Registration District No. *4008*

Registered No. *587*

City of *Cauverie SC*

(No. *587* St.; *587* Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child *Baby Westbrooks* If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? *Girl* (4) *Twin* or *Single*? *1* (5) Number in order of birth *5* (6) Are *Single* or *Married*? *Single* (7) DATE *June 22* *1916* BIRTH (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME *Broddus Westbrooks*

(2) PRESENT POSTOFFICE OF FATHER *Cauverie SC*

(3) COLOR OR RACE *W* (4) AGE AT LAST BIRTHDAY *26* (Years)

(5) BIRTHPLACE *No Car*

(6) OCCUPATION *Mill work*

(7) Number of children born to mother, including present birth *Three*

MOTHER.

(14) NAME BEFORE MARRIAGE *Bura Caboness*

(15) PRESENT POSTOFFICE OF MOTHER *Cauverie SC*

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *27* (Years)

(18) BIRTHPLACE *SC.*

(19) OCCUPATION *House work*

(20) Number of children of this mother now living, including present birth *Three*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *B. Caboness* at *105 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Arthur E. Cannon*

(24) State whether Physician or Midwife *Physician* (25) Address of Physician or Midwife *Cauverie SC*

Given name added from a supplemental report

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Registrar

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

(27) Filed *June 22 1916* (28) *E. F. Frazier* 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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