

Use 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.

(1) PLACE OF BIRTH
County of Greenville STATE OF SOUTH CAROLINA,
Township of Greenville Bureau of Vital Statistics
State Board of Health
or
Inc. Town of Registration District No. 2209 Registered No. 544
(For use of Local Registrar)
or
City of 237 Potosi St. Wm. Manning Road (No. ...)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
(2) Full Name of Child Maya Brooks { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>M.</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>1</u>	(6) Age Parents <u>Married</u>	(7) DATE OF BIRTH <u>Nov. 27</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Dallas Brooks</u>			(14) NAME BEFORE MARRIAGE <u>Leshie Evans</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>	
(10) COLOR OR RACE <u>W.</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville C. S.C.</u>		(18) BIRTHPLACE <u>Marion S.C.</u>		
(13) OCCUPATION <u>Miss Work</u>		(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, born alive, on the date above stated. (Hour 4 P. M., P. M.)

(23) (Signature) [Signature]
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Dec 1 1916 (28) a H Mackey 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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