

PLAINLY. WITH UNFADING INK—THIS IS A REQUIREMENT. RECORD. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH

County of York

Township of Hampton

or
Inc. Town of

or
City of

(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

File No.—For State Registrar Only

45070

Registration District No. 14017 Registered No. 126

(For use of Local Registrar)

(2) Full Name of Child. Bessie Francis Brockert 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 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec, 4, 1915
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Harry Brockert

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE

York Co

(13) OCCUPATION

Wash Wks

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Fannie Perri

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY 22
(Years)

(18) BIRTHPLACE

York Co

(19) OCCUPATION

House Keeper

(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 alive at 7:30 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Hill
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician

Columbia S.C.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed

Dec 5 1915

(28)

J. C. Brisson

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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