

(1) PLACE OF BIRTH

County of YorkTownship of 1or
Inc. Town of.....or
City of Rock Hill

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

(2) Full Name of Child Barton E. BrooksFile No.—For State Registrar Only
6096Registration District No. 44 B Registered No. 24
(For use of Local Registrar)

St.; Ward)

(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) <u>Yes</u> or <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>1/21</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Parlan Brooks(9) PRESENT POSTOFFICE OF FATHER Rock Hill S C(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30
(Years)(12) BIRTHPLACE York Co(13) OCCUPATION Salesman(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Hansen(15) PRESENT POSTOFFICE OF MOTHER Rock Hill(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25
(Years)(18) BIRTHPLACE York Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. G. Stevens M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 3/21 19 22 (28) J. J. Davis
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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