

(1) PLACE OF BIRTH

County of OrangeTownship of Orangeor
Inc. Town ofor
City of Orange, SC

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

(2) Full Name of Child

Garvey Evans Brooks

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

X

(5) Number in order of birth

1st

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Dec 111922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Garvey Evans Brooks

(9) PRESENT POSTOFFICE OF FATHER

Orange, SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31
(Years)

(12) BIRTHPLACE

Orange Co

(13) OCCUPATION

Auto Merchant

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

1st

MOTHER.

(14) NAME BEFORE MARRIAGE

Leola Belle Smock

(15) PRESENT POSTOFFICE OF MOTHER

Orange, SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

19
(Years)

(18) BIRTHPLACE

Orange Co

(19) OCCUPATION

Home Wif

(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 born alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Physician

(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

Jan 31923

(28) 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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