

(1) PLACE OF BIRTH

County of Florence

Township of

Inc. Town of

City of Florence

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2070 Registered No. 188

(For use of Local Registrar)

(2) Full Name of Child John Dorothy Brooks

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

3. SEX OF CHILD	4. Twin or Triplet	5. Number in order of birth	6. Are Fresh Marriages	7. DATE OF BIRTH
MALE	-	-	yes	June 6 23
				(Month) (Day) (Year)

FATHER.

8. FULL NAME Alexander Brooks9. PRESENT POSTOFFICE OF FATHER Timmonsville S.C.10. COLOR OR RACE white 11. AGE AT LAST BIRTHDAY 2712. BIRTHPLACE Fountain View, S.C.13. OCCUPATION Teacher14. Number of children born to mother, including present birth Two (2)

MOTHER.

14. NAME BEFORE MARRIAGE Viola Jeffords15. PRESENT POSTOFFICE OF MOTHER Timmonsville S.C.16. COLOR OR RACE white 17. AGE AT LAST BIRTHDAY 2518. BIRTHPLACE Ebenezer, S.C.19. OCCUPATION House-wife20. Number of children of this mother now living, including present birth Two (2)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

21. I hereby certify that I attended the birth of this child, who was alive at 5 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)22. (Signature) W. H. B. D.23. State whether Physician or Midwife Physician 24. Address of Physician or Midwife Florence Infirmary

Given name added from a supplemental report

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

26. Filed June 23 1923 27. P. H. Brigham LD 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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