

Form No. 10.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

Cav. of Columbia.

(1) PLACE OF BIRTH Camden
 County of
 Township of
 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
48669

Registration District No. 1313 Registered No. 3
 (For use of Local Registrar)
 (No. of institution, give name of same instead of street and number.)

(2) Full Name of Child Charlie Brook { If child is not yet named, make supplemental report as directed

(3) SEX <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) AGE <u>1 day</u>	(7) DATE OF BIRTH <u>Jan 7 1916</u> (Name of Month) (Day) (Year)
FATHER (8) FULL NAME <u>Allen Brook</u>			MOTHER (14) NAME BEFORE MARRIAGE <u>Lavera Bethune</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Garden</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Jordan A.C.</u>	
(10) COLOR OR RACE <u>Blk</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Blk</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Wid</u>	
(20) Number of children born to mother, including present birth <u>one</u>			(21) Number of children of this mother now living, including present birth <u>one</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born on the date above stated.

(23) (Signature) Isabel G. Gentry

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Camden, S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Jan 15 1916

(27) 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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