

Form No. 1

(1) PLACE OF BIRTH

County of AikenTownship of Langley S.E.Inc. Town of Near LangleyCity of Near Langley

(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

19698

Registration District No. 7.1.7.ARegistered No. 9.2

(For use of Local Registrar)

(2) Full Name of Child Dwight Brooks

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

3. BOY OR GIRL Boy4. Twin or Triplet Yes5. Number in order of birth 1

To be answered only in event of Twin or Triplet

6. Are Parents Married no7. DATE OF BIRTH July 24, 1923

(Month of Year) (Day) (Year)

FATHER.

8. FULL NAME Dwight Brooks9. PRESENT POSTOFFICE OF FATHER Bath S.E.10. COLOR OR RACE Black(11) AGE AT LAST BIRTH 2312. RESIDENCE Easy Street13. OCCUPATION Labor Chalk bed20. Number of children born to mother, including present birth 4

MOTHER.

14. NAME BEFORE MARRIAGE Hattie Hunter15. PRESENT POSTOFFICE OF MOTHER Langley S.E.16. COLOR OR RACE Black17. RESIDENCE Langley S.E.18. OCCUPATION Cook & Washwoman21. 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 Born Black at 3:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Shankar Parmanian(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Langley S.E.

(26) Given name added from a supplemental report

(27) Witness Langley S.E.

(Signature necessary only when question 23 is signed by mark)

(28) Filed Aug. 1, 1923

(29) L. W. S. Bradley 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.

THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.

Made at Columbia, S.C.