

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. Town of

City of Sasby, S.C.

(No. St. Ward) If birth occurs in a hospital or other institution, give name of same instead of street and number.

(2) Full Name of Child Endine Brookly

File No.—For State Registrar Only

2248

Registration, District No. 37-a Registered No. 10
(For use of Local Registrar)(3) BOY OR GIRL girl(4) Twin or Triplet? no(5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 19, 1927
(Month) (Day) (Year)

FATHER.

(8) FULL NAME Jim Brookly(9) PRESENT POSTOFFICE OF FATHER Sasby, S.C.(10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 24
Years(12) BIRTHPLACE Pickens Co S.C.(13) OCCUPATION mill hand(21) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE May Norton(15) PRESENT POSTOFFICE OF MOTHER Sasby, S.C.(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 20
(Years)(18) BIRTHPLACE Pickens Co S.C.(19) OCCUPATION mill hand(27) 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 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Wm. J. ...

(24) State whether Physician or Midwife

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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Feb. 6, 1927

(28)

W. J. ...
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.

Supplementary report

(Date of)

Address

Filed Aug. 26, 1942 N.B. Woodward, M.D.

Registrar