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65387ihc
6/28/50

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of _____

or

Inc. Town of Gadsden

or

City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3803

22 049432

FILE No.—For State Registrar Only

02502

Registered No. _____
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

2. FULL NAME OF CHILD Allen W. Brooks { If child is not yet named, make supplemental report as directed3. Boy or Girl Boy 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature 7. Are Parents Married? yes 8. Date of birth 8-22-22, 1922
(Month, day, year)9. Full name Lee Brooks FATHER18. Name before marriage Malissia Brown MOTHER10. Residence (mailing address)
(If non-resident, give place and State) Gadsden, SC19. Residence (mailing address)
(If non-resident, give place and State) Gadsden, S.C.11. Color or race... C. 12. Age at child's birth... 38 (years)20. Color or race... C. 21. Age at child's birth... 4013. Birthplace (city or place)
(State or country) Gadsden, S.C.22. Birthplace (city or place)
(State or country) Gadsden, S.C.14. Trade, profession or particular kind of work done, as splinner, sawyer, bookkeeper, etc. Farming23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Farming

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work March, 194925. Date (month and year) last engaged in this work July 6, 195017. Total time (years) spent in this work 1126. Total time (years) spent in this work 1127. Number of children of this mother (At time of birth and including this child (a) Born alive and now living... 5 (b) Born alive but now dead... 3 (c) Stillborn... 128. If stillborn, period of gestation..... months weeks 29. Cause of stillbirth miscarriage Before labor During labor X

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return.

Given name added from
a supplementary report _____

(Date of) _____

Registrar, _____

(Signed) Malissia Brooks, Parent
or _____, GuardianAddress Gadsden, S.C.Filed 7-26, 1950 Thos. P. LesesneRegistrar, ihc