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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 _____

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 _____)

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

2. FULL NAME OF CHILD Allen W. Brooks { If child is not yet named, make supplemental report as directed

3. Boy or Girl Boy If Plural births _____ 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature Full term 7. Are Parents Married? yes 8. Date of birth 8-22-22, 1922
(Month, day, year)

9. Full name Lee Brooks
FATHER

18. Name before marriage Malissia Brown
MOTHER

10. Residence (mailing address) Gadsden, SC
(If non-resident, give place and State)

19. Residence (mailing address) Gadsden, S.C.
(If non-resident, give place and State)

11. Color or race C.e. 12. Age at child's birth 38 (years)

20. Color or race C.e. 21. Age at child's birth 40

13. Birthplace (city or place) Gadsden
(State or country) S.C.

22. Birthplace (city or place) Gadsden
(State or country) S.C.

14. Trade, profession or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Farming

23. 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, 1949

25. Date (month and year) last engaged in this work July 6, 1950

27. 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 1

28. If stillborn, period of gestation... months _____ weeks _____ 29. Cause of stillbirth Miss marriage Before labor _____ During labor

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 _____, Guardian

Address Gadsden, S.C.
Filed 7-26, 1950 Thos. P. Lesesne

Registrar. ihc