

PLACE OF BIRTH

Abbeville

Township of # 7

or

Town of

or

of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 906

FILE No.—For State Registrar Only

5167-a

Registered No.

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)
 FULL NAME OF CHILD Wayman Brooks (No. 1 St. 1 Ward 1)
 (If child is not yet named, make supplemental report as directed.)

1. Sex Male 2. If Plural Births No 3. Twin, triplet, or other No 4. Premature No 5. Legitimate Yes 6. Date of Birth Feb 26 1933
 7. Number, in order of birth 1 Full term Yes mate? Yes (Month, day, year)

FATHER: Full name Whitfield Brooks 18. Full maiden name Mary Lott
 19. Residence (usual place of abode) Abbeville S.C. (If non-resident, give place and State)

20. Color or race Colored 21. Age at last birthday 37 (Years)
 22. Birthplace (city or place) Abbeville S.C. (State or country)

23. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Housewife

25. Date (month and year) last engaged in this work at present 26. Total time (years) spent in this work 12

27. Total time (years) spent in this work at present 28. Total time (years) spent in this work 12

29. Cause of stillbirth — 30. Before labor — 31. During labor —

32. Number of children of this mother (At time of this birth and including this child) 7 (a) Born alive and now living 6 (b) Born alive but now dead 2 (c) Stillborn —

33. If stillborn, period of gestation — months — weeks — 34. Cause of stillbirth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at Abbeville S.C. on the date above stated.
 (Born alive or stillborn)

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

Name added from supplemental report

(Date of)

(Signed) Emma Nicholson, M. D.
 Address Abbeville S.C.

Filed Nov. 16, 1933 North B. Woodward, M.D.
Abbeville S.C.