

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD, and mark the
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and question 6
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH.

County of Abbeville
Township of Abbeville
or
Inc. Town of.....
or
City of.....
(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 2807

Registration District No. 100 Registered No.
(For use of Local I.)

(2) Full Name of Child Minnie Lee Brooks

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 27 1922</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Daniel Brooks</u>			(14) NAME BEFORE MARRIAGE <u>Minnie Johnson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Abbeville S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Abbeville</u>	
(10) COLOR OR RACE <u>black</u>			(16) COLOR OR RACE <u>black</u>	
(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)			(17) BIRTHPLACE <u>Abbeville S.C.</u>	
(12) BIRTHPLACE <u>Abbeville S.C.</u>			(18) OCCUPATION <u>farmer</u>	
(13) OCCUPATION <u>farmer</u>			(19) OCCUPATION <u>farmer</u>	
(20) Number of children born to mother, including present birth <u>10</u>			(21) Number of children of this mother now living, including present <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive
on the date above stated.

(23) (Signature) H. A. [illegible]
(24) State whether physician

Given name added from a supplemental report

(25) With

(26) Filed

When there was no attending physician or midwife, it must not be reported as stillborn. No report is desired of stillbirths if a child breathes before the fifth month of pregnancy.