

1. PLACE OF BIRTH

County of Greenville
 Township of Greenville
 or
 Inc. Town of _____
 or
 City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 22-AR.F.D. # 3

FILE No.—For State Registrar Only

15004-aRegistered 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 Lula Sadie Brooks

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

3. Boy or Girl If Plural births 4. Twin, triplet, or other _____ 6. Premature _____ 7. Are Parents Married? YES 8. Date of birth May 25th, 1922
Girl 5. Number, in order of birth _____ Full term _____ (Month, day, year)

9. Full name **FATHER**
Wertz Spearman Brooks18. Full maiden name **MOTHER**
Lula Poole10. Residence (usual place of abode) R.F.D. 3
(If non-resident, give place and State) Greenville, S.C.19. Residence (usual place of abode) R.F.D. 3
(If non-resident, give place and State) Greenville, S.C.11. Color or race white 12. Age at last birthday 31 (Years)20. Color or race white 21. Age at last birthday 24 (Years)13. Birthplace (city or place)
(State or country) Transylvania Co. N.C.22. Birthplace (city or place)
(State or country) Greenville, S.C.14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Textile Work23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Bleachery

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 _____ 17. Total time (years) spent in this work _____

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

27. Number of children of this mother (At time of birth and including this child) 3 (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn _____

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

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

(Signed) Wesley Gentry, M.D.

or _____ Midwife

Name added from _____
supplemental report _____ (Date of) _____Address Greenville, S.C.Filed May 5, 1936 M.B. Woodruff
Registrar

Registrar.