

## 1. PLACE OF BIRTH

County of Greenville  
 Township of Greenville  
 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)

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

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

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

FILE No.—For State Registrar Only

15004-aRegistered No. \_\_\_\_\_  
(For use of Local Registrar)2. FULL NAME OF CHILD Lola Sadie Brooks

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

3. Boy or Girl Girl { 4. Twin, triplet, or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents \_\_\_\_\_ 8. Date of birth May 25<sup>th</sup>, 1922  
 { 5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ Married? YES (Month, day, year)

9. Full name **FATHER**  
Wertz Spearman Brooks

18. Full maiden name **MOTHER**  
Lula Poole

10. 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 Work

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. Housekeeper

15. 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) Charles E. Gentry, M.D.

or \_\_\_\_\_ Midwife

Give name added from supplemental report \_\_\_\_\_

(Date of)

Address Greenville, S.C.

Filed May 25, 1926 M.B. Woodmont

Registrar.

Registrar.