

(1) PLACE OF BIRTH

County of AbbevilleTownship of Abbeville

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 Registrar Only

5585

Registration District No. 100 Registered No. 15

(For use of Local Registrar)

St. (Name of Street) Ward

2) Full Name of Child Sadie Lee Brooks If child is not yet named, make supplemental report as directed(3) ~~Sex~~ Girl (4) Twin or Triplet? (5) Number in order of birth

(Is answered only in case of twins or triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 1 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Lynch(9) PRESENT POSTOFFICE OF FATHER Abbeville, S.C. R. 3 D.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 60 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer

(14) Number of children born to mother including present birth

MOTHER.

(14) NAME BEFORE MARRIAGE Wm. Black(15) PRESENT POSTOFFICE OF MOTHER Abbeville, S.C. R. 3 D.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 45 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth

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. (Hour A. M. or P. M.) 9 P.(23) (Signature) Sadie Brooks

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Abbeville S.C.

even name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Dec. 1, 1912 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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