

4-10-44

U. S. Dept. of Commerce
Bureau of the Census

22 049372

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only
00591

County of Richland
Township of Columbia
or
Inc. Town of _____
or
City of _____

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. 3900

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

3. Boy Girl If Plural births _____
4. Twins, triplets or other. _____
5. Number, in order of birth. _____
6. Premature _____ Full term _____
7. Are Parents Married? yes
8. Date of birth Nov 21, 1922
(Month, day, year)

9. Full name Lindsey Brooks
FATHER

18. Name before marriage Maggie Brooks
MOTHER

10. Residence (mailing address) Richland, S.C.
(If non-resident, give place and State)

19. Residence (mailing address) Richland, S.C.
(If non-resident, give place and State)

11. Color or race B
12. Age at child's birth 25 (years)

20. Color or race B
21. Age at child's birth 21 (years)

13. Birthplace (city or place) College Place, Richland County
(State or country)

22. Birthplace (city or place) Richland, S.C.
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____

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 _____, 19____
17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____, 19____
26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (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 to the birth of this child, who was born at _____ m. on the date above stated.

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

(Signed) Maggie Brooks, Parent
or _____, Guardian

Given name added from a supplementary report _____ (Date of) _____

Address _____
Filed April 17, 1944 L.A. Riser, M.D.
Registrar.

Registrar.

Registrar.

mg

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)