

See 4-10-44

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.)

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

1. PLACE OF BIRTH

County of Richland  
Township of Columbia  
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. 3900

22 049372

FILE No.—For State Registrar Only

00591

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 ~~or~~ 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 FATHER Lindsey Brooks

18. Name before marriage MOTHER Maggie Brooks

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

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

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) (State or country) College Place, Richland County

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

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\_\_\_\_

25. Date (month and year) last engaged in this work \_\_\_\_\_, 19\_\_\_\_

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.

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Maggie Brooks, Parent or \_\_\_\_\_, Guardian

Address \_\_\_\_\_

Filed April 17, 1944 L.A. Riser, M.D.

Registrar.

Registrar.

mg