

# 1(1) PLACE OF BIRTH

1. PLACE OF BIRTH,  
Township of Union  
County of \_\_\_\_\_  
or  
Inc. Town of \_\_\_\_\_  
City of Union

## Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health

FILE No.—For State Registrar Only

22787-A

Registration District No. 42-A Registered No. 84  
(For use of Local Registrar)

(No. Lawson Ave. Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
FULL NAME OF CHILD Carolene Thompson Brooks If child is not yet named, make supplemental report as directed.

2. Sex of child <u>Girl</u>	3. If Plural births	4. Twin, triplet, or other	5. Premature	6. Legitimate	7. Date of birth
		5. Number, in order of birth	Full term <input checked="" type="checkbox"/>	mate? <u>yes</u>	<u>July 8, 1925</u> (Month, day, year)
8. Full name of FATHER <u>Carey Brooks</u>			9. Full maiden name of MOTHER <u>Berude Thompson</u>		
10. Residence (usual place of abode) (If nonresident, give place and State) <u>Union</u>			11. Residence (usual place of abode) (If nonresident, give place and State) <u>Union</u>		
12. Color or race <u>White</u> Age at last birthday <u>24</u> (Years)			13. Color or race <u>White</u> Age at last birthday <u>24</u> (Years)		
14. Birthplace (city or place) (State or country) <u>Union Co. N.C.</u>			15. Birthplace (city or place) (State or country) <u>Union Co. N.C.</u>		
16. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Spinner</u>			17. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
18. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Textile</u>			19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Homemaking</u>		
20. Date (month and year) last engaged in this work <u>July 1, 1925</u>			21. Date (month and year) last engaged in this work <u>July 8, 1925</u>		
22. Total time (years) spent in this work <u>10</u>			23. Total time (years) spent in this work <u>4</u>		
24. Number of children of this mother (a) Born alive and now living <u>1</u>			25. Number of children of this mother (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>		
26. If stillborn, date of gestation <u>3 months</u>			27. Cause of stillbirth <u>Normal</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive on the date above stated  
(a) Born alive and now living (b) Born alive but now dead (c) Stillborn  
(Signed) M. D. Midwife  
Address Union S.C.  
Filed 8-10-1932 S. G. SARRATT Registrar

Before the fifth month of pregnancy