

11(1) PLACE OF BIRTH

1. PLACE OF BIRTH,

Township of Union

County of

or
Loc. Town of

City of Union

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics
State Board of Health

Registration District No. 42-A

FILE No.—For State Registrar Only

22787-A

Registered No. 84

(For use of Local Registrar)

(No. Lawson Ave. Ward)

FULL NAME OF CHILD Carolene Thompson Jones (If child is not yet named, make supplemental report as directed.)

Sex of child Girl 1. If Plural births 4. Twin, triplet, or other 5. Premature Full term 7. Legitimate? Yes 8. Date of birth July 8 1925 (Month, day, year)

9. Full name of FATHER Care Brooks

10. Residence (usual place of abode) (If nonresident, give place and State) Union

11. Color or race White Age at last birthday 24 (Years)

12. Birthplace (city or place) (State or country) Union Co. N.C.

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

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

16. Date (month and year) last engaged in this work July 1 1925

17. Total time (years) spent in this work 10

18. Full maiden name of MOTHER Berude Thompson

19. Residence (usual place of abode) (If nonresident, give place and State) Union

20. Color or race White Age at last birthday 21 (Years)

22. Birthplace (city or place) (State or country) Lawrence Co. S.C.

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

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Homemaking

25. Date (month and year) last engaged in this work July 8 1925

26. Total time (years) spent in this work 4

27. Number of children of this mother (a) Born alive and now living 3 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, date of gestation 3 months 3 weeks 29. Cause of stillbirth None

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

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

Given name added from supplemental report (Date of)

(Signed) J. D. Sarratt M. D.

or Midwife

Address Union S.C.

Filed 8 10 1932 S. G. SARRATT Registrar.

Registrar.

before the fifth month of pregnancy