(1) PLACE OF BIRTH

County of Abbeville

Township of .....

or Inc. Town of ..... Registration District No. 1-A Registered No. 63 (For use of Local Registrar)

or City of Abbeville (No. ....., Pine Street St.; 2nd Ward)

(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
17855

(2) Full Name of Child Andrew Wm Brooks } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? X

(5) Number in order of birth X

(To be answered only in event of twins or triplets)

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 28 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Andrew Brooks	(14) NAME BEFORE MARRIAGE Pinky Williams
(9) PRESENT POSTOFFICE OF FATHER Abbeville SC	(15) PRESENT POSTOFFICE OF MOTHER Abbeville SC
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 26 (Years)
(12) BIRTHPLACE Abbeville	(18) BIRTHPLACE Abbeville Co
(13) OCCUPATION none	(19) OCCUPATION House Wife
(20) Number of children born to mother, including present birth } 2	(21) Number of children of this mother now living, including present birth } 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 P.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) [illegible]

(24) State whether Physician or Midwife: none

(25) Address of Physician or Midwife: Abbeville SC

Given name added from a supplemental report

..... 191...

..... Registrar

(26) Witness .....
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed [illegible] 1915 (28) [illegible]
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.

Registrar | Local Registrar.

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

N. B.—Any Clerk of Court, Mayor, Magistrate, or Coroner may be appointed Registrar of Births and Deaths.