Donald Wesley Brooks PLEASE PRINT

Form VS-5

NOTE—THIS FORM SHOULD BE USED ONLY FOR CHILDREN OVER 1 YEAR AND LESS THAN 12 YEARS OLD

Use a typewriter or write plainly with unfading dark ink. Do not use pencil. Every item (except in affidavit) must be filled out correctly just as it should have been written the day this child was born. Remember, this certificate when filled out becomes a permanent record of birth for this child. Be sure to make only correct and proper entries. (Affidavits must be signed before a notary public by two people thoroughly acquainted with the facts.)

IF LOCAL REGISTRAR ASSISTED WITH THIS CERTIFICATE, SIGN HERE:

NAME _____ Reg. District No. _____

ALABAMA STATE BOARD OF HEALTH—BUREAU OF VITAL STATISTICS
SPECIAL CERTIFICATE OF BIRTH

State File No. 41

1. Full name of child: Donald Wesley Brooks
2. Date of birth: June (Month) 30 (Day) 1941 (Year)
3. County of birth: Russell STATE OF ALABAMA
4. Place of birth: Phenix City (Name of town, city, or rural)
5. Male or female: Male
6. Twin, Triplet or other? (Answer only in event of plural birth)
7. Number in order of birth?
8. Other children born to mother of this child:
   (a) Total number of older brothers and sisters - - 0
   (b) Number of older brothers and sisters living when this child was born - - - - - - - - 0

THIS IS NOT A LEGAL RECORD

THE FATHER

9. Full name
10. Address at time of this birth
11. Color
12. Age at time of this birth ____ years
13. Where born?
14. Occupation at time of this birth

THE MOTHER

15. Full name before marriage: Peggy Brooks
16. Address at time of this birth: Phenix City, Ala.
17. Color: White
18. Age at time of this birth: 17 years
19. Where born?: Missouri
20. Occupation at time of this birth: None

THE FOLLOWING AFFIDAVITS MUST BE SIGNED BEFORE A NOTARY PUBLIC

I hereby declare upon oath that the above statements are true and correct.

(Signed) Robie Wesley Henderson Relation to child Adopted parent

Sworn to and subscribed before me this 19th day of July, 1944.

(Seal) My commission expires July 5th, 1945. Chas. H. Davis Notary Public

For state of Georgia County of Muscogee

I hereby declare upon oath that the above statements are true and correct, because

(Signed) _____

Sworn to and subscribed before me this _____ day of _____, 19____.

(Seal) My commission expires _____, 19____. _____ Notary Public

For state of _____ County of _____

Name and address of person sending in this certificate:

NAME Robie W. Henderson Address 920 Talbotton Columbus, Ga.

(Do Not Write Below This Line)

This certificate was reviewed and filed on the _____ day of _____, 19____.

_____ State Registrar, Vital Statistics

By _____ Authorized Clerk in Bureau

THE INFORMATION ABOVE IS AN ABSTRACT OF INFORMATION FROM A SEALED BIRTH RECORD ORIGINALLY FILED IN THE ALABAMA CENTER FOR HEALTH STATISTICS. THIS IS NOT A LEGAL DOCUMENT AND MAY NOT BE USED AS AN OFFICIAL BIRTH CERTIFICATE.