

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.

| (1) PLACE OF BIRTH  |                                | CERTIFICATE OF BIRTH                  |   | File No. For State Registrar Only |  |
|---|--------------------------------|---------------------------------------|---|-----------------------------------|--|
| County of <u>Charleston</u>   |                                | STATE OF SOUTH CAROLINA.              |   | 84627                             |  |
| Township of .....   |                                | Bureau of Vital Statistics            |   |                                   |  |
| or  |                                | State Board of Health                 |   |                                   |  |
| Inc. Town of .....  |                                | Registration District No. <u>9A</u>   |   | Registered No. <u>1240</u>        |  |
| or  |                                |                                       |   | (For use of Local Registrar)      |  |
| City of <u>Charleston SC</u>  |                                | (No. <u>58</u> Commencing .....       |   | St.; <u>4</u> Ward)               |  |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |                                |                                       |   |                                   |  |
| (2) Full Name of Child <u>Mary Mae</u>  |                                |                                       |   |                                   |  |
| { If child is not yet named, make supplemental report as directed   |                                |                                       |   |                                   |  |
| (3) BOY OR GIRL? <u>girl</u>  | (4) Twin or Triplet? <u>No</u> | (5) Number in order of birth <u>1</u> | (5) Are Parents Married? <u>yes</u>   | (7) DATE OF BIRTH <u>MARCH 9</u>  |  |
|   |                                |                                       |   | (Name of Month) (Day) (Year)      |  |
| FATHER.   |                                |                                       | MOTHER.   |                                   |  |
| (8) FULL NAME <u>William Mack</u>   |                                |                                       | (14) NAME BEFORE MARRIAGE <u>Eliza Brown</u>  |                                   |  |
| (9) PRESENT POSTOFFICE OF FATHER <u>Charleston SC</u>   |                                |                                       | (15) PRESENT POSTOFFICE OF MOTHER <u>Charleston SC</u>                                |                                   |  |
| (10) COLOR OR RACE <u>negro</u>   |                                |                                       | (16) COLOR OR RACE <u>negro</u>   |                                   |  |
| (11) AGE AT LAST BIRTHDAY <u>39</u> (Years)   |                                |                                       | (17) AGE AT LAST BIRTHDAY <u>39</u> (Years)   |                                   |  |
| (12) BIRTHPLACE <u>James Island</u>   |                                |                                       | (18) BIRTHPLACE <u>James Island</u>   |                                   |  |
| (13) OCCUPATION <u>laborer</u>  |                                |                                       | (19) OCCUPATION <u>Washer</u>   |                                   |  |
| (20) Number of children born to mother, including present birth <u>5</u>  |                                |                                       | (21) Number of children of this mother now living, including present birth <u>3</u>   |                                   |  |
| CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*  |                                |                                       |   |                                   |  |
| (22) I hereby certify that I attended the birth of this child, who was <u>alive</u> , at <u>619. 10th St.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)   |                                |                                       |   |                                   |  |
| (23) (Signature) <u>Philippa Burne</u>  |                                |                                       |   |                                   |  |
| (24) State whether Physician or Midwife <u>midwife</u>  |                                |                                       |   |                                   |  |
| (25) Address of Physician or Midwife <u>8 Montague</u>  |                                |                                       |   |                                   |  |
| Given name added from a supplemental report   |                                |                                       | (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) |                                   |  |
|   |                                |                                       | (27) Filed <u>11/11</u> 191 <u>6</u> (28) <u>J. M. Green, M.D.</u> Local Registrar    |                                   |  |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child has been taken once, it must not be reported as stillborn. No report is desired of stillbirths before the a supplemental report. |                                |                                       |   |                                   |  |

(Date of)

Filed 11/13/16

Registrar

Cor. 2/2/39

10

J. M. Green, M.D.

Leon Brown, M.D.

Rego.