

## 1. PLACE OF BIRTH

County of Charleston  
 Township of Yonges Island  
 or Meggett  
 Inc. Town of  
 or  
 City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 910-B

FILE No.—For State Registrar Only

17957-aRegistered No.  
(For use of Local Registrar)

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of street and number)

## 2. FULL NAME OF CHILD

John Brown

{ If child is not yet named, make supplemental report as directed.

BOY OR

Girl

4. Twin or Triplet?

5. Number in order of birth

6. Are Parents Married? Yes

7. DATE OF BIRTH

June 9,22

(Name of Month)

(Day)

(Year)

To be answered only in event of Twins or Triplets

## FATHER

FULL NAME John BrownPRESENT POSTOFFICE OF FATHER Meggett, S. C.COLOR OR RACE Colored 11. AGE AT LAST BIRTHDAY 46  
(Years)BIRTHPLACE Charleston County, S. C.OCCUPATION LaborerNumber of children born to mother, including present birth { 10

## MOTHER

14. NAME BEFORE MARRIAGE Josephine Grant15. PRESENT POSTOFFICE OF MOTHER Meggett, S. C.16. COLOR OR RACE Colored 17. AGE AT LAST BIRTHDAY 35  
(Years)18. BIRTHPLACE Charleston, S. C.19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth { 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

22. I hereby certify that I attended the birth of this child, who was born alive at M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)23. Signature Roslyn Warner

(Sister)

24. State whether Physician or Midwife

(The midwife is dead)

25. Address of Physician or Midwife

Given name added from a supplemental report

, 193.

Registrar.

26. Witness

(Supporting affidavits on file)  
(Signature of Witness necessary only when question 23 is signed by mark)

27. Filed

Sep 12, 1933

28.

Martin B. Woodward M.D.  
Asst. State 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 Only

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.....  
(Registrar)

..... Ward)

ed, make  
directed22  
(Year)26  
(Year)M.  
(M.)

State of New York  
County of Queens

Personally appeared before me *Abraham Watterstein*  
Notary Public, *JOHN CAINES*, who  
being duly sworn deposes and says that *HE* knows  
John Brown and Josephine Grant to be the parents of  
John Brown and that said John Brown was born at  
Megetts, N. Y. on June 9, 1922.

*John Caines*

*Abraham Watterstein*  
Notary Public.

NOTARY PUBLIC, Queens County  
Queens Co. Clks. No. 3268, Reg. No. 3380  
Commission Expires March 30, 1934

Date *August 28, 1933.*

State of New York  
County of Queens

Personally appeared before me *Abraham Watterstein*  
Notary Public, *ANNIE KING*, who  
being duly sworn deposes and says that *SHE* knows  
John Brown and Josephine Grant to be the parents of  
John Brown and that said John Brown was born at  
Megetts, N. Y. on June 9, 1922.

*Annie King*

*Abraham Watterstein*  
Notary Public.

NOTARY PUBLIC, Queens County  
Queens Co. Clks. No. 3268, Reg. No. 3380  
Commission Expires March 30, 1934