

MARGIN RESERVED FOR BINDING.
 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.
 McCaw, of Columbia

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

(1) PLACE OF BIRTH
 County of Charleston, S.C.
 Township of
 or
 Inc. Town of
 or
 City of Charleston
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 4A Registered No. 36
 (For use of Local Registrar)

(No. 173 Community St.; Ward)

File No.—For State Registrar Only
45592

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are yes Parents Married? (7) DATE OF BIRTH Jan 9th 1906
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ben Brown
 (9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 32 (Years)
 (12) BIRTHPLACE Beaufort, S.C.
 (13) OCCUPATION Labour
 (14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Mitchell
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Years)
 (18) BIRTHPLACE Charleston, S.C.
 (19) OCCUPATION Washerwoman
 (21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8:40 P.M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. L. La Roche, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Roper Hospital, City

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness _____ (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 1/12 1916 (28) J. Mercier Green, Jr., D. 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.