

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.

McGaw, of Columbia.

(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.)

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

45592

Registration District No. .... Registered No. ....  
(For use of Local Registrar)  
City of ..... (No. 173 Commencing ..... St.: ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(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 Parents Married? yes (7) DATE OF BIRTH Jan 9th  
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 ..... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. L. La Roche, M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Roper Hospital, City

Given name added from a supplemental report

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

(27) Filed 1/12 191... (28) J. Mercier, Green, 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.