

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. THIS OFFICE, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston
Township of St. James
or
Inc. Town of Mt. Pleasant
or
City of _____

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

624

Registration District No. 906 Registered No. 1
(For use of Local Registrar)

(2) Full Name of Child Child unnamed

(3) BOY OR GIRL boy (4) Twin or Triplet? _____ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 4th 1922
(If child is not yet named, give name of same instead of street and number.)
(If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME George Brown
(9) PRESENT POSTOFFICE OF FATHER Mt. Pleasant
(10) COLOR Negro (11) AGE AT LAST BIRTHDAY 33
(12) BIRTHPLACE Charleston Co
(13) OCCUPATION Boatman
(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Betsy Singleton
(15) PRESENT POSTOFFICE OF MOTHER Mt. Pleasant
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28
(18) BIRTHPLACE Charleston Co
(19) OCCUPATION Day Labor
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 12 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Singleton
(24) State whether Midwife (25) Address of Physician or Midwife Mt. Pleasant

Given name added from a supplemental report

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

(27) Filed Jan. 4th 1922 (28) 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.