

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
City of Charleston S.C.(If birth occurs in a hospital or other institution, give name of same instead of street and number.) (No. 14 Boyde)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

41352

Registration District No. 9 A Registered No. 2019
(For use of Local Registrar)(2) Full Name of Child Bernice Brown St.; Ward)(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 16 1922
(If child is not yet named, make supplemental report as directed)

FATHER.

(8) FULL NAME Willis Browne(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.(10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 20 (Years)(12) BIRTHPLACE James Island(13) OCCUPATION Carpenter(14) NAME BEFORE MARRIAGE Erlyne Kinloch(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION House Keeper(20) Number of children born to mother, including present birth 2(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 alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pauline Brooks (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 151 Longview St.

Given name added from a supplemental report

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

(27) Filed 17/18 19 22 Registrar Morgan Green 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.