

(1) PLACE OF BIRTH

County of Charleston

Township of

Inc. Town of

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

Registration District No. 9 ARegistered No. 1296

(For use of Local Registrar)

(2) Full Name of Child E. Ethel Brown

(If child is not yet named, make supplemental report as directed)

(3) SEX OR CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married yes (7) DATE OF BIRTH Feb 11 1923
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Sam Brown(9) PRESENT POST OFFICE OF FATHER 18 Washington St(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE James town Building Community(13) OCCUPATION Teacher

MOTHER

(14) NAME BEFORE MARRIAGE Catherine White(15) PRESENT POST OFFICE OF MOTHER 18 Washington St(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 20 (Year)(18) BIRTHPLACE St. Petersburg, Fla.(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1:30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Anna Kinnear

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(If name added from a supplemental report)

(26) Witness

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

(27) Filed Feb 11 1923

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.

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