

OFFICE OF BIRTH
CHAS.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Division of Vital Statistics
State Board of Health

FILE No. For State Registrar's Office

3111

189

Registration District No. 3 Ashmeade Place

Registered No. (For use of Local Registrar)

City of Charleston, S.C.

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

FULL NAME OF CHILD HARRIETTE LENOVA BROWN

Sex of Child Girl 11. Place of Birth 4. Twin, triplet, or other 5. Premature 7. Legitimate Yes 8. Date of Birth Jan. 28, 1923

FATHER John Clyde Brown 12. Full Name of Mother Jane Rachel Cathey

13. Residence (usual place of abode) 2 Ashmeade Place 14. Residence (usual place of abode) 2 Ashmeade Place

15. Color or race White 16. Age at last birthday 24 (Years)

17. Birthplace (city or place) N. C. (State or country)

18. Trade, profession, or particular kind of work done, as spinner, typist, nurse, clerk, etc. Housewife

19. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

20. Date (month and year) last engaged in this work 21. Total time (years) spent in this work

22. Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living (b) Born alive but now dead (c) Stillborn

23. Cause of stillbirth

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive, 12:50 P.M. on the date above stated. (Signed) Kate A. Wilson, M.D. Physician

Address Chas. S.C. J.M. Green, M.D.

Filed 2/17/23 Sept. 25 1923 N. C. Pringle

Sub. Reg.