

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

(City of *Charleston, S.C.*)

(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

3202

289

Registration District No. 9 A

Registered No.
(For use of Local Registrar)

(2) Full Name of Child

Patsy Brown

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

(1) SEX OF CHILD

(2) Twin or Triplet

(3) Number in order of birth

(4) Are Parents Married?

(5) DATE OF BIRTH

Feb. 16, 1913
(Name of Month) (Day) (Year)

FATHER.

(6) FULL NAME

Mark Brown

(7) PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

(8) COLOR OR RACE

Black

(9) AGE AT LAST BIRTHDAY

27
(Years)

(10) BIRTHPLACE

Louisiana

(11) OCCUPATION

Labourer

(12) Number of children born to mother, including present birth

1 5

MOTHER.

(13) NAME BEFORE MARRIAGE

Rebecca Lickson

(14) PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

(15) COLOR OR RACE

Black

(16) AGE AT LAST BIRTHDAY

24
(Years)

(17) BIRTHPLACE

Charleston, S.C.

(18) OCCUPATION

Domestic

(19) Number of children of this mother now living, including present birth

1 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was, *born alive*, at *22 P.M.*, on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) *Lacey J. Green*(22) State whether Physician or Midwife *Physician*

(23) Give name added from a supplemental report

(24) Witness

Lacey J. Green
(Signature of Witness necessary only when question 23 is signed by mark)

(25) Filed

Feb. 16, 1913
(Date)19
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.