

(1) PLACE OF BIRTH

County of Berkley
Township of St. Stephens
or
Inc. Town of.....
or
City of.....

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

No. 3040
For use of Local Registrar

Registration District No. 706 Registered No. 101
(For use of Local Registrar)

(2) Full Name of Child Julia Ina Brinson
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) SEX OR CHILD girl (4) Type or Weight 10 lbs (5) Number in order of birth 1 (6) Date of Birth Feb 25 1923
(7) Live or Dead yes (8) Birthplace Berkley Co (9) Age at last birthday 39
(10) Color or Race white (11) Age at last birthday 37
(12) Birthplace Charleston S.C. (13) Occupation House work

FATHER.
(14) Full Name Joe Brinson
(15) Present Occupation of Father Born care S.C.
(16) Color or Race white (17) Age at last birthday 39
(18) Birthplace Berkley Co.
(19) Occupation Public work
(20) Number of children born to mother, including present birth 7

MOTHER.
(21) Full Name Julia Brinson
(22) Present Occupation of Mother Born care S.C.
(23) Color or Race white (24) Age at last birthday 37
(25) Birthplace Charleston S.C.
(26) Occupation House work
(27) Number of children of this mother, including present birth 4

(28) I hereby certify that I attended the birth of this child, who was alive on the date above stated.
(29) (Signature) Thos. Brinson (30) State whether Physician or Midwife (31) Address of Physician or Midwife Wm. W. Brinson

(32) Given name added from a supplementary report
(33) Witness (Signature of Witness necessary only when question 28 is signed by mark)
(34) Date Feb 25 1923 (35) J. J. Brinson

When there are no witnesses, the birth of a child may be reported as follows: (36) If a child is born, it is not to be reported as a stillbirth before the birth date.