

(1) PLACE OF

County of *Charleston*

Township of *Charleston*

Inc. Town of *Charleston*

City of *Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Department of Vital Statistics

State House of Representatives

Registration District No. *12*

No. *3756*

Registered No. *22*
(For use of Local Registrar)

(2) Full Name of Child

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

1. SEX <i>Girl</i>	2. TIME or Triplet <i>To be answered only in case of Twins or Triplets</i>	3. NUMBER IN order of birth <i>1</i>	4. AGE Parents <i>22</i>	5. DATE OF BIRTH <i>Feb 1 1923</i> (Name of Month) (Day) (Year)
FATHER			MOTHER	
6. FULL NAME <i>Willie E. Brown</i>	10. NAME BEFORE MARRIAGE <i>Isaac Isaac Brown</i>			
7. PRESENT RESIDENCE OF FATHER <i>Blytheville Mo.</i>	11. PRESENT RESIDENCE OF MOTHER <i>Blytheville Mo.</i>			
8. COLOR OR RACE <i>White</i>	9. AGE AT LAST BIRTHDAY <i>43</i> (Years)	12. COLOR OR RACE <i>White</i>		
13. BIRTHPLACE <i>Blytheville</i>		14. BIRTHPLACE <i>Farmfield</i>		
15. OCCUPATION <i>Farmer</i>		16. OCCUPATION <i>Domestic</i>		
17. Number of children born to father, including present birth <i>Three</i>		18. Number of children of this mother now living, including present birth <i>Three</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(29) I hereby certify that I attended the birth of this child, who was *born* *alive* or stillborn) (Hour *4:30* P.M. on *Feb 1* M.)
(on the date above stated)

(30) (Signature) *W. E. Brown*
(31) State whether Physician or Midwife *Physician* (If address of Physician or Midwife)

When there was no attending physician or midwife, the mother should make the report and broodher even

(Signature of Witness necessary only when question 29 is signed by mark)

W. E. Brown *W. E. Brown*

When there was no attending physician or midwife, the mother should make the report and broodher even