

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Charleston STATE OF SOUTH CAROLINA.
 Township of St. P. St. M. Bureau of Vital Statistics
 Inc. Town of State Board of Health
 or
 of
 of
 City of North Charleston

File No. For State Registrar Only
32176

2) Full Name of Child Urvian Syran Brown

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

(1) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Nov 9 23</u>
(8) FULL NAME <u>Lois Fred Brown</u>			(9) NAME BEFORE MARRIAGE <u>Eva Eliza Winter</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>N. Charleston, S.C.</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>N. Charleston, S.C.</u>	
(12) COLOR OR RACE <u>white</u>	(13) AGE AT LAST BIRTHDAY <u>22</u>	(14) COLOR OR RACE <u>white</u>	(15) AGE AT LAST BIRTHDAY <u>24</u>	(16) BIRTHPLACE <u>Berkeley co, S.C.</u>
(17) OCCUPATION <u>Seaman</u>			(18) OCCUPATION <u>Domestic</u>	
(19) Number of children born to mother, including present birth <u>1</u>			(20) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(22) (Signature) Physician

(23) State whether Physician or Midwife Physician

(24) Address of Physician or Midwife N. Charleston, S.C.

(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) Physician

(26) Filed Nov 9 1923

(27) Registrar State 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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