

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
 Inc. Town of

or
 City of Charleston S.C. (No. 168 Community)

(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

Registration District No. 9A

File No.—For State Registrar Only

71730

Registered No. 854

(For use of Local Registrar)

(2) Full Name of Child John Brown

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

(3) BOY OR GIRL? boy (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 21, 1914
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Brown

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Driver

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Adie Small

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION maid

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 4 o'clock p.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) P. Philippa Swine

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 8 Montague St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1914

(28)

Local 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

child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.