

(1) PLACE OF BIRTH

County of Charleston

Township of

or
Inc. Town of Mount Pleasant, S. C.or
City of(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Jane Brown { If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|----------------------|---|---|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? | (5) Number in order of birth <small>to be answered only in case of twins or triplets</small> | (6) Are Parents Married? <u>Married</u> | (7) DATE OF BIRTH <u>July 30, 1916</u> <small>(Name of Month) (Day) (Year)</small> |
|------------------------------|----------------------|---|---|---|

FATHER.

(8) FULL NAME James Brown

(9) PRESENT POSTOFFICE OF FATHER Mount Pleasant, S. C.

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

(12) BIRTHPLACE Mount Pleasant, S. C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Jane Williams

(15) PRESENT POSTOFFICE OF MOTHER Mount Pleasant, S. C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21
(Years)

(18) BIRTHPLACE Mount Pleasant, S. C.

(19) OCCUPATION Farm Laborer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 13 30 A. M., on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Pander X Johnson(24) State whether Physician or Midwife. Address of Physician or Midwife
Midwife Mount Pleasant, S. C.

Given name added from a supplemental report

(25) Witness Geo W Roberts

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

(27) Filed July 2, 1916 (28) Geo W Roberts 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 fifth month of pregnancy.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

S. C. W. of C. Columbia

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45622

Registration District No. 9 B Registered No. 6
(For use of Local Registrar)