

(1) PLACE OF BIRTH

County of *Charleston*
 Township of *St. James*
 or Town of *Wakely*
 or City of *St. Michaels Hill*

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6936

Registration District No. *211* Registered No. *7*
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Infant Brown* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *girl* (4) Twin or Triplet? *No* (5) Number in order of birth *1* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *March 11, 1922*
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *Jeff Brown*
 (9) PRESENT POSTOFFICE OF FATHER *Navy Yard R. 2.*
 (10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *39*
 (Years)
 (12) BIRTHPLACE *Ledburg, S.C.*
 (13) OCCUPATION *Laborer*
 (20) Number of children born to mother, including present birth *4*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Ann Wright*
 (15) PRESENT POSTOFFICE OF MOTHER *Navy Yard R. 2.*
 (16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *24*
 (Years)
 (18) BIRTHPLACE *Wakely S.C.*
 (19) OCCUPATION *Housewife*
 (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* (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) *Sydia James R. 2 Navy Yard*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed *March 11, 1922* (28) *Mrs. L. H. Hays* 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.

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