

(1) PLACE OF BIRTH

County of Charleston

Township of Charleston

City of Charleston S.C.

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

(2) DATE OF BIRTH

Month of January

Day of 23

Year of 1923

457 76

(3) Full Name of Child Fred Brinson Jr.

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

(4) SEX Male (5) AGE 1 (6) RACE Colored (7) DATE OF BIRTH Jan 23 1923

FATHER.
(8) NAME Fred Brinson
(9) RESIDENT ADDRESS Charleston S.C.
(10) COLOR Colored (11) AGE AT LAST BIRTH 27
(12) BIRTHPLACE Montgomery Ala.
(13) OCCUPATION Fireman
(14) Number of children born to mother, including present birth 3

MOTHER.
(15) NAME Natie Grant
(16) RESIDENT ADDRESS Charleston S.C.
(17) COLOR Colored (18) AGE AT LAST BIRTH 24
(19) BIRTHPLACE Mt. Pleasant S.C.
(20) OCCUPATION House work
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Sign alive or stillborn) (Hour 2:30 a.m. or P. M.)

(23) (Signature) Albie D. Thompson (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 is signed by mark)
(27) Filed 1/11 23 (28) Registrar

*When there was no attending physician or midwife, then the father, householder, or other person who first discovered the child, must report to the Registrar. No report is desired of stillborn before the fifth month of pregnancy.