

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.

## (1) PLACE OF BIRTH

County of Charleston  
 Township of 14  
 or  
 Inc. Town of 16  
 or  
 City of 17

## CERTIFICATE OF BIRTH

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

No. 6.—For State Registrar Only

42888

Registration District No. 4008 Registered No. 377  
 (For use of Local Registrar)

(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 Annie Pauline Brown If child is not yet named, make supplemental report as directed

3. SON OR GIRL? <u>yes</u>	4. Twin or Triplet? <u>1</u> To be answered only in case of Twin or Triplet	5. Number in order of birth <u>1</u>	6. Are Parents Married? <u>yes</u>	7. DATE OF BIRTH <u>6-28-1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
8. FULL NAME <u>J. J. Marrah</u>			14. NAME BEFORE MARRIAGE <u>Annie L. Turner</u>	
9. PRESENT POSTOFFICE OF FATHER <u>Meadia</u>			15. PRESENT POSTOFFICE OF MOTHER <u>Meadia</u>	
10. COLOR OR RACE <u>White</u>			16. COLOR OR RACE <u>White</u>	
11. AGE AT LAST BIRTHDAY <u>40</u>			17. AGE AT LAST BIRTHDAY <u>17</u>	
12. BIRTHPLACE <u>N.C.</u>			18. BIRTHPLACE <u>N.C.</u>	
13. OCCUPATION <u>Mill Operative</u>			19. OCCUPATION <u>Housewife</u>	
20. Number of children born to mother, including present birth <u>1</u>			21. Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alone at 8 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
 (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 1-1-24 (28) Mrs E. J. Parker 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.