

(1) PLACE OF BIRTH

County of Charleston, S.C.

Township of

or
Inc. Town ofor
City of Charleston, S.C.

(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 HealthFile No. — For State Registrar Only
88714Registration District No. 9ARegistered No. 1395

(For use of Local Registrar)

St. Line Street Ward(2) Full Name of Child John Robert Brown

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

(3) BOY OR GIRL? Boy(4) Twin or Triplet? ✓(5) Number in order of birth 1(6) Are Parents Married? Yes(7) DATE OF BIRTH December 8

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Brown(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 23

(Years)

(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Cigar Maker(20) Number of children born to mother, including present birth One (1)

MOTHER.

(14) NAME BEFORE MARRIAGE William Tertrude Sweet(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE Savannah, Georgia(19) OCCUPATION Home Duties(21) Number of children of this mother now living, including present birth One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M. on the date above stated. (Born live or stillborn) (Hour M. or P.M.)(23) (Signature) R. W. Preston, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician 277 Calhoun St

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed 12/15/16

(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 fifth month of pregnancy.

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