

MARGIN RESERVED FOR BINDING.  
 WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS, use 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 S.C.

Township of .....

or Inc. Town of .....

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 Health

File No.—For State Registrar Only

539

Registration District No. 9A Registered No. 119  
 (For use of Local Registrar)

(2) Full Name of Child. Beatrice Brown

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

(3) BOY OR GIRL girl (4) Twin or Triplet? single (5) Number in order of birth one (6) Are marry Parents Married? DATE OF BIRTH Jan 25 19 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thomas Brown  
 (9) PRESENT POSTOFFICE OF FATHER Mesgett S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)  
 (12) BIRTHPLACE Mesgett S.C.  
 (13) OCCUPATION W. H. Mess Company  
 (20) Number of children born to mother, including present birth 14 born

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Bryant  
 (15) PRESENT POSTOFFICE OF MOTHER Mesgett S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20 (Years)  
 (18) BIRTHPLACE Mesgett S.C.  
 (19) OCCUPATION house works  
 (21) Number of children of this mother now living, including present birth 11 living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Charlotte Johnson  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife No 5 1/2 Lane East

Given name added from a supplemental report .....  
 (26) Witness Charlotte Johnson (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed 1/28 19 22 J. M. Green Jr. 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.

LOCAL Registrar  
 If not reported as stillborn, householder, etc., should make this return fifth month of pregnancy.