

MARGIN RESERVED FOR BINDING.

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 6.

McGraw-Hill, Columbia, S. C.

(1) PLACE OF BIRTH

County of

*Charleston*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

29291

Township of

OR

Inc. Town of

OR

City of

*Charleston* (No. *57 Maple* St.; ..... Ward)

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

Registration District No. *9A*

Registered No. *1429*  
(For use of Local Registrar)

(2) Full Name of Child

*Thomas Doris Brown*

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

(3) BOY OR GIRL

*Girl*

(4) Twin or Triplet?

To be answered only in case of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married?

*Yes*

(7) DATE OF

BIRTH *Sept 16, 1922*  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME

*Thomas Doris Brown*

(9) PRESENT POSTOFFICE OF FATHER

*Ches. S. C.*

(10) COLOR OR RACE

*wh*

(11) AGE AT LAST BIRTHDAY

*23*  
(Years)

(12) BIRTHPLACE

*Bayonne N. Y.*

(13) OCCUPATION

*carpenter*

(20) Number of children born to mother, including present birth

*1*

MOTHER

(14) NAME BEFORE MARRIAGE

*May Wilson*

(15) PRESENT POSTOFFICE OF MOTHER

*Ches. S. C.*

(16) COLOR OR RACE

*wh*

(17) AGE AT LAST BIRTHDAY

*19*  
(Years)

(18) BIRTHPLACE

*Ches. S. C.*

(19) OCCUPATION

*Housewife*

(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* ..... at *7:30* A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Henry D. S.*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Charleston S. C.*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*9/29/22*

(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.