

Form No. 2

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

State of South Carolina
Bureau of Vital Statistics
State Board of Health

17327

Residence of Child
Charleston, S.C.

Registration District No. 1. A. A.

Registered No. 44
(For use of Local Registrar)

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

Full Name of Child May Evelyn Brown

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

(1) Sex Female (2) Date of Birth June 12, 1923
(3) Time of Birth 12:30 (4) Place of Birth Home
(5) Name of Father Albert William Brown (6) Name of Mother Frances V. Brown

FATHER

MOTHER

(10) Name before marriage Albert William Brown
(11) Present residence of mother Charleston, S.C.
(12) Color of father White (13) Age at last birthday 32
(14) Birthplace of father France
(15) Occupation of father House Painter
(16) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was... born alive or stillborn... on the date above stated.

(18) Signature of Physician or Midwife E. L. Early
(19) Since whether Physician or Midwife midwife (20) Address of Physician or Midwife Charleston, S.C.

Name added from a supplemental report

(21) Witness (Signature of Witness necessary only when question 22 is signed)

(22) Filed July 4, 1923 (23) Local Registrar E. L. Early

If there was no attending physician or midwife, then the father, householder, etc., should make this return. No report is desired of stillbirths before the fifth month of pregnancy.