

County of Charleston  
Municipality of .....

**CERTIFICATE OF BIRTH**  
State of SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

No. — for State Register only  
**421**

**31**

No. Town of ..... Registration District No. 9A Registered No. ....  
(For use of Local Registrar)  
City of Charleston (No. 125 Smith 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 Sally Ann Brown .. If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Twin or Triplet? No (5) Number in order of birth No (6) Are Parents Married? No (7) DATE OF BIRTH June 8 1922  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Joseph Smith  
(9) PRESENT POSTOFFICE OF FATHER Char. S.C.  
(10) COLOR OR RACE C (11) AGE AT LAST BIRTHDAY 46 (Years)  
(12) BIRTHPLACE John Island  
(13) OCCUPATION Domestic  
(14) Number of children born to mother, including present birth 5

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Anna Brown  
(15) PRESENT POSTOFFICE OF MOTHER Char. S.C.  
(16) COLOR OR RACE C (17) AGE AT LAST BIRTHDAY 20 (Years)  
(18) BIRTHPLACE Wadmalaw Island  
(19) OCCUPATION Labourer  
(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**  
(22) I hereby certify that I attended the birth of this child, who was Born alive 10:50 A.M. (Born alive or stillborn) (Hour) (Minute)  
(23) (Signature) Harold S. [Signature]  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witnesses (Signature of Witness necessary only when question 22 is signed by Mark) John H. [Signature]  
(27) Filed 11/10 1922 John H. [Signature] Local Registrar

If there was no attending physician or midwife, then the father, householder, etc., should make this return. If possible even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.