

Joseph S. L.
Charleston S.C.
Monks Corner S.C.

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Division of Vital Statistics
State Board of Health

8-10-19

Registration District No. *9 A* Registered No. *18*
 (For use of Local Registrar)
 (No. *418* Meeting)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Over Brown*

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

(1) Sex <i>Male</i>	(2) Type or Type To be reported only in case of Type or Type	(3) Number in order of birth	(4) Age Months <i>yes</i>	(5) Date <i>Nov 26 1923</i>
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FATHER
Josh. Brown
Charleston S.C.
 COLOR *colored* (11) AGE AT LAST BIRTHDAY *47*
 (Time)
Monks Corner S.C.
 Occupation
Labrer
 Number of children born to father, including present birth *3*

MOTHER
 (14) NAME BEFORE MARRIAGE *Berlene Singleton*
 (15) PRESENT RESIDENCE OF MOTHER *Charleston S.C.*
 (16) COLOR OR RACE *colored* (17) AGE AT LAST BIRTHDAY *25*
 (Time)
Monks Corner S.C.
 (18) OCCUPATION
Domestic
 (19) Number of children of the mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 I hereby certify that I attended the birth of this child, who was *Alive* at *7:30 A.M.* on the date above stated.
 (20) (Signature) *Albie Delaney* (21) (Date) *Nov 26 1923*
 (22) State whether Physician or Midwife (23) Address of Physician or Midwife

Name added from a supplemental report
 Registrar

(24) Witness (Signature of Witness necessary only when question 23 is signed by nurse)
 (25) Filed *12/3* *Nov 26 1923*

If there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

1. PLACE OF BIRTH
County of CHARLESTON

Township of WATER

Town of CHARLESTON
or
of CHARLESTON

Standard Certificate of Birth
STATE OF SOUTH CAROLINA

Division of Vital Statistics
State Department of Health

Registration District No. 94

No. 612 Mother's No. 612

FILE No.—For State Department
35085

FULL NAME OF CHILD JOHN BROWN

Sex or Girl Boy 11. Place of birth City 12. Age at last birthday 47 (Years) 13. Legitimacy Yes 14. Date of birth Jan 20 1900

Full name JOHN BROWN FATHER

Residence (usual place of abode) (If nonresident, give place and date) City

Color or race Col. 15. Age at last birthday 47 (Years)

Birthplace (city or place) (State or country) ROCKFORD S.C.

16. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. LABORER

17. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

18. Date (month and year) last engaged in this work 19

19. Total time (years) spent in this work 19

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 1 (c) Stillborn 1

If stillborn, period of gestation 9 months 1 weeks 20. Cause of death Before labor

Full name JOHN BROWN MOTHER

Residence (usual place of abode) (If nonresident, give place and date) City

Color or race Col. 21. Age at last birthday 47 (Years)

Birthplace (city or place) (State or country) ROCKFORD S.C.

22. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, typist, nurse, clerk, etc. DOMESTIC

23. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

24. Date (month and year) last engaged in this work 19

25. Total time (years) spent in this work 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

hereby certify that I attended the birth of this child, who was born alive 2:30 p.m. on the date above stated (Born alive or stillborn)

When there was no attending physician or midwife, then the father, grandfather, etc., should make this report, and name added from supplemental report.

(Date of)

(Signed) John Brown

or John Brown

Address 10/10/00

Filed 10/10/00