

(1) PLACE OF BIRTH

County of *Charleston*Township of *St. Philip*

Inc. Town of

City of

(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 HealthBirth—For this registration
599Registration District No. *909* Registered No. *13*
(For use of Local Registrar)(No. *Lamb's S. C.* St. Ward)(2) Full Name of Child *William Brown* If child is not yet named, make supplemental report as directed(3) SEX *Male* (4) Type or Trait To be covered only in event of Twin or Triplet (5) Number in order of birth *1st* (6) Date of Birth *Jan 26 1923* (7) DATE OF BIRTH (Month) (Day) (Year)FATHER. (8) FULL NAME *James B. Brown* (9) PRESENT RESIDENCE OF FATHER *Lamb's S. C.* (10) COLOR OR RACE *Col.* (11) AGE AT LAST BIRTHDAY *50* (Year)MOTHER. (12) NAME BEFORE MARRIAGE *Susan Green* (13) PRESENT RESIDENCE OF MOTHER *Lamb's S. C.* (14) COLOR OR RACE *Col.* (15) AGE AT LAST BIRTHDAY *38* (Year)(16) BIRTHPLACE *Megetts S. C.* (17) BIRTHPLACE *Yonge's Island* (18) OCCUPATION *Cabner at North Charleston* (19) OCCUPATION *Housework*(20) Number of children born to mother, including present birth *14* (21) Number of children of this mother now living, including present birth *10*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6 A.* M. on the date above stated. (23) (Signature) *Rosa Bennett* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *St. Michaels*(26) Given name added from a supplemental report (27) Witness (Signature of Witness necessary only when question 23 is signed) *J. E. Myers* (28) Filed *Jan 3 1923* (29) Local Registrar

(30) Registrar (31) 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.

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