

City of Charleston

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

File No. — For State Registrar Only
3131

City of Charleston

Registration District No. **9 A**

Registered No. **206**
(For use of Local Registrar)

by of **89 Line**
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child **Edith Brown**

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

SEX —
GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? **No**

(7) DATE OF BIRTH **February 28, 1913**
(Name of Month) (Day) (Year)

FATHER

FULL NAME **Richard Thompson**

PRESENT POSTOFFICE OF FATHER **Charleston**

COLOR OR RACE **Col** (11) AGE AT LAST BIRTHDAY **28** (Years)

BIRTHPLACE **Charleston S.C.**

OCCUPATION **Carpenter**

Number of children born to mother, including present birth **1. First**

MOTHER

(14) NAME BEFORE MARRIAGE **Daisy Brown**

(15) PRESENT POSTOFFICE OF MOTHER **Charleston S.C.**

(16) COLOR OR RACE **Colored** (17) AGE AT LAST BIRTHDAY **21** (Years)

(18) BIRTHPLACE **John Island**

(19) OCCUPATION **Domestic**

(21) Number of children of this mother now living, including present birth **1. First**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was **Alive** on the date above stated.
(Born alive or stillborn)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

on name added from a supplemental report

(26) Witness

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

(27) Filed

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J. M. Green M.D.
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.