Township of [illegible]

or

Inc. Town of .....

or

City of ..... (No. ..... Ward .....)

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

(2) Full Name of Child [illegible]

(3) Day of Birth	(4) Time of Birth	(5) Number in Order of Birth	(6) Age of Mother	(7) Age of Father
Boy			[illegible]	[illegible]

FATHER	MOTHER
(8) Full Name: James Brown	(14) Name before Marriage: Susan Fo[illegible]
(9) Residence of Mother: Mt Pleasant S C	(15) Residence of Mother: Mt Pleasant S C
(10) Color or Race: Colored (11) Age of Last Birthday: 18 (Years)	(16) Color or Race: Colored (17) Age of Last Birthday: [illegible] (Years)
(12) Birthplace: Mt Pleasant S C	(18) Birthplace: Charleston Co
(13) Occupation: Laborer	(19) Occupation: Laborer
(20) Number of children born to mother, including present birth: One	(21) Number of children of this mother now living, including present birth: One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was [illegible] at [illegible] on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H J Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife: Physician Mt Pleasant S C

Given name added from a supplemental report

.....

..... 19 ....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed [illegible]

*When there was no attending physician or midwife, this [illegible]
If a child breathes even once, it must not be [illegible] before the [illegible]