

Form No. 1

## (1) PLACE OF BIRTH

County of CharlestonTownship of McDuffInc. Town of McDuffCity of Charleston

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

555

Registration District No. 9-53Registered No. 2

(For use of Local Registrar)

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

(2) Full Name of Child Henry Brown If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or higher <u>No</u>	(5) Month of birth <u>10</u>	(6) Day of birth <u>22</u>	(7) Year of birth <u>1902</u>
--------------------------------	---------------------------------	---------------------------------	-------------------------------	----------------------------------

(8) FULL NAME Charles Brown(9) PRESENT RESIDENCE OF FATHER McDuff(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 20(12) BIRTHPLACE Ark.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth Three(14) NAME BEFORE MARRIAGE Bess Stanley(15) PRESENT RESIDENCE OF MOTHER McDuff(16) COLOR OR RACE Caucasian (17) AGE AT LAST BIRTHDAY 40(18) BIRTHPLACE Ark.(19) OCCUPATION Ark.(20) Number of children of this mother now living, including present birth Three

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Charles Brown(23) State of Ark. Physician or Midwife (24) Address of Physician or Midwife McDuff

(Given name added from a supplemental report)

(25) Witness (Signature of Witness necessary only when question 23 is signed "Stillborn")

(26) Filed 1902 (27) Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., must report the birth of a child before the fifth month of pregnancy.