CERTIFICATE OF BIRTH

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

File No. 13992 — For State Registrar Only

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of Charleston S.C. or

Inc. Town of Charleston S.C. or

City of Charleston S.C. (No. 15½ Meeting St., St.; 15½ Meeting Ward) 10

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

Registration District No. 9A — Registered No. 722 (For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
Boy			yes	May 17 1922

FATHER

(8) FULL NAME: Robert Brown.

(9) PRESENT POSTOFFICE OF FATHER: Charleston S.C.

(10) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 28 (Years)

(12) BIRTHPLACE: Charleston S.C.

(13) OCCUPATION: work to Consolidated Car Barn

(20) Number of children born to mother, including present birth: 8

MOTHER

(14) NAME BEFORE MARRIAGE: Lusa Warren

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

(16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 26 (Years)

(18) BIRTHPLACE: Charleston S.C.

(19) OCCUPATION: own house keeper

(21) Number of children of this mother now living, including present birth: 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) at 11 min. past 12 P.M. (Hour, A. M. or P. M.)

(23) (Signature) Celie

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: 2 J.E. St

Given name added from a supplemental report

..... 19....
Registrar

(26) Witness Lis Williams (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 5/26 1922

(28) Mercer L. 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.

Filed ..... 19.... Registrar.

Registrar. Cor. Oct. 1950 C.P. Sub-Reg.

N. B.—In case of TWIN, TRIPLET, etc., births, a separate certificate must be filled out for each child. (SEE SECTION 3, ACT OF LEGISLATURE, No. 32, 1915 CHARLES, and SECTION 4 HEALTH AND SANITARY LAWS, 1915, ACTS 1915, No. 32, ETC.)

Penalty of Columbia, S.C.