

MARGIN RESERVED FOR BINDING.

WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of stillbirths use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

REGISTERS OF COLORADO, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of *Charleston*

Township of

or

Inc. Town of

City of *Charleston*

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

(2) Full Name of Child *Viola Brown*

(3) BOY OR GIRL *girl*

(4) Twin or Triplet? *X*

To be answered only in case of Twin or Triplet

(5) Number in order of birth *X*

(6) Sex *Female*

Parents Married? *No*

(7) DATE OF BIRTH *Feb. 12th*

(Name of Month) (Day) (Year)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *9 A*

File No.—For State Registrar Only

3431

Registered No. *283*
(For use of Local Registrar)

Sl.; Ward

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

FATHER.

(8) FULL NAME *Harry Brown*

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

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *32* (Years)

(12) BIRTHPLACE *Charleston S. C.*

(13) OCCUPATION *Carpenter*

(20) Number of children born to mother, including present birth *1*

MOTHER.

(14) NAME BEFORE MARRIAGE *Viola Stewart*

(15) PRESENT POSTOFFICE OF MOTHER *Charleston*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *30* (Years)

(18) BIRTHPLACE *Charleston S. C.*

(19) OCCUPATION *Cook*

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... *alive*... at *1:30* P. M. on the date above stated. (Boys alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Elizabeth Richardson*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *565 1/2 Rutledge Ave*

Given name added from a supplemental report

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

(27) Filed *2/17/37* *J. Merritt* 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.

(Date of)

Registrar.

Filed *2/17/37* Co. *9-9-37*

SUD