

## (1) PLACE OF BIRTH

County of Charleston  
 Township of Christ Church  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17919

Registration District No. 901Registered No. 79  
(For use of Local Registrar)

(No. .... St.; .... m. .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

3) BOY OR GIRL Boy 4) Twin or Triplet? one 5) Number in order of birth  
 To be answered only in event of Twins or Triplets 6) Are Parents Married? Yes 7) DATE OF BIRTH May 7 22  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME Woodson Brown9) PRESENT POSTOFFICE OF FATHER 1111½ Pleasant St.10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 20  
(Yes )12) BIRTHPLACE Charleston City13) OCCUPATION Bricklayer20) Number of children born to mother, including present birth Two

## MOTHER.

14) NAME BEFORE MARRIAGE Elizabeth Linneman15) PRESENT POSTOFFICE OF MOTHER 1111½ Pleasant St.16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 19  
(Yes )18) BIRTHPLACE Char. Tex.19) OCCUPATION House work21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 12 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hager Brodick(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife 1111½ Pleasant St.

Given name added from a supplemental report

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

(27) Filed June 7 22 (28) A. D. Frank 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.