

(1) PLACE OF BIRTH

County of CharlestonTownship of St. Paul

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 910 Registered No. 26

(For use of Local Registrar)

(2) Full Name of Child Nancy Brown

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

| | | | | |
|---------------------------------|--|--|---|---|
| (3) SEX OR CHILD <u>girl</u> | (4) Type or Triplet <u>1</u> To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>1</u> | (6) Age in Years Months <u>NO</u> | (7) DATE OF BIRTH <u>May 9, 1923</u> (Name of Month) (Day) (Year) |
|---------------------------------|--|--|---|---|

FATHER.

(8) FULL NAME Nick Brown

(9) PRESENT RESIDENCE OF FATHER Charleston S.C.

(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Sarah Simmons

(15) PRESENT RESIDENCE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE Charleston S.C.

(19) OCCUPATION House Wife

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Celia Bonner(24) State whether Physician or Midwife Mid Wife(25) Address of Physician or Midwife Adamsville

Given name added from a supplemental report

(26) Witness Nancy Orel (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed MAY 9 1923 (28) Mrs. Rm. F. F.

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of miscarriages before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 1, name of mother, column, B. C.