

Form 3

PLACE OF BIRTH

County of Charleston

Wardship of P. M. R. R.

or
In 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
41723

Registration District No. 1208 Registered No.
(For use of Local Registrar)

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

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

1 SEX OF CHILD girl 4 Twin or Triplet? ✓ 5 Number in order of birth 2 6 Are Parents Married? Yes 7 DATE OF BIRTH Oct 8 1922
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.

8 FULL NAME Mr. Brown

9 PRESENT POSTOFFICE OF FATHER Society Hill, R. 3.

10 COLOR OR RACE Negro 11 AGE AT LAST BIRTHDAY 40 (Years)

12 BIRTHPLACE Charleston S.C.

13 OCCUPATION Farmer

MOTHER.

14 NAME BEFORE MARRIAGE Dora Wilson

15 PRESENT POSTOFFICE OF MOTHER Society Hill, R. 3.

16 COLOR OR RACE Negro 17 AGE AT LAST BIRTHDAY 35 (Years)

18 BIRTHPLACE Charleston S.C.

19 OCCUPATION Farm & house work

21 Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Gimpsey Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

This wife Society Hill, R. 3.

Name added from a supplemental report

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

(27) Filed 19 (28) S. S. Matheson Local Registrar

If 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 sixth month of pregnancy.