

Form No. 1

## (1) PLACE OF BIRTH

County of *Charleston*Township of *St. James*Inc. Town of *Charleston*

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *906* Registered No. *106*

File No.—For State Registrar Only

41386

(For use of Local Registrar)

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

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

(3) BOY OR GIRL? <i>Girl</i>	(4) Twin or Triplet? <i>No</i> To be answered only in event of Twins or Triplets	(5) Number in order of birth <i>4</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Dec 12 1922</i> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <i>Ben Brown</i>	(14) NAME BEFORE MARRIAGE <i>Mary Coyle</i>	(15) PRESENT POSTOFFICE OF FATHER <i>Awensdow</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Awensdow</i>
(10) COLOR OR RACE <i>negro</i>	(11) AGE AT LAST BIRTHDAY <i>29</i> (Years)	(16) COLOR OR RACE <i>negro</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)
(12) BIRTHPLACE <i>Charleston Co</i>	(13) OCCUPATION <i>Day Laborer</i>	(18) BIRTHPLACE <i>Charleston Co</i>	(19) OCCUPATION <i>Farm Laborer</i>
(20) Number of children born to mother, including present birth <i>4</i>	(21) Number of children of this mother now living, including present birth <i>3</i>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *9 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Phety Brown* (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Awensdow*

Given name added from a supplemental report

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

(27) Filed *Dec 29 1922* (28) *Geo E Beckman* 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.