

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

Registration No. 24447

Registration District No. 2011

Registered No. 30
 (For use of Local Registrar)

City of Charleston (No. 2011 St. 2011 Ward) (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child

Carrie Brown

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

(3) Sex Female (4) Age at Birth 20 (5) Date of Birth May 16 1928 (6) Time of Birth 2:30

FATHER: (1) Full Name John Brown (2) Present Residence of Father Charleston (3) Color or Race White (4) Age at Last Birthday 40 (5) Birthplace Charleston (6) Occupation Farmer

MOTHER: (1) Full Name Carrie Brown (2) Present Residence of Mother Charleston (3) Color or Race White (4) Age at Last Birthday 38 (5) Birthplace Charleston (6) Occupation Farmer

(7) Number of children born to mother, including present child 2

(8) Number of children of this mother now living, including present child 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was born at 10 P.M. on the date above stated. (Day 16 of Month May Year 1928)

(10) (Signature) Mary E. Brown

(11) Since whether born or stillborn

(12) Signature of Physician John E. Brown

Given name added from a supplemental report

(13) Witness (Signature of Witness necessary only when question is to signed by mother)

(14) Filed May 16 1928 (15) Registrar John E. Brown

When there was no attending physician or midwife, then the father, mother, or other person present at the birth of the child must be reported as such. No report is required if a child is stillborn even when it must not be reported as such. No report is required if a child is stillborn even when it must not be reported as such.