

(1) PLACE OF BIRTH

County of Charleston

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Township of Johns Islandor
Inc. Town ofRegistration District No. 902

File No.—For State Registrar Only

15649Registered No. 4
(For use of Local Registrar)

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
No. St.; Ward(2) Full Name of Child Edie Brown

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

(1) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Jan, 27, 1906
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ezekiel Brown

(9) PRESENT POSTOFFICE OF FATHER

Johns Island(10) COLOR OR RACE negro(11) AGE AT LAST BIRTHDAY 40
(Years)

(12) BIRTHPLACE

Johns Island

(13) OCCUPATION

Farmer

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Louisa Gibbs

(15) PRESENT POSTOFFICE OF MOTHER

Johns Island(16) COLOR OR RACE negro(17) AGE AT LAST BIRTHDAY 30
(Years)

(18) BIRTHPLACE

Johns Island

(19) OCCUPATION

Farm laborer

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive, at 9 A. M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Stuart

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

Midwife Johns Island

Given name added from a supplemental report

(26) Witness

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

(27) Filed Feb. 7, 1906 (28) W. C. Hills
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.

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.

McCaw, of Columbia