

## (1) PLACE OF BIRTH

County of Chas. S. C.Township of 11

OF

Inc. Town of 11

OF

City of Chas. S. C.

(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

16981

Registration District No. 9 ARegistered No. 852

(If name of Local Registrar)

(No. 12 Holbeck Way)(2) Full Name of Child Anna Brown

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

(3) SEX OR GENDER <u>girl</u>	(4) Type of Infant <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Age <u>70</u>	(7) DATE OF BIRTH <u>6-22-23</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Frank Brown</u>	(14) NAME BEFORE MARRIAGE <u>Elija Fraser</u>	(9) PRESENT RESIDENCE OF FATHER <u>Chas. S. C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Chas. S. C.</u>
(10) COLOR OR RACE <u>Col</u>	(16) COLOR OR RACE <u>Col</u>	(11) AGE AT LAST BIRTHDAY <u>23</u>	(17) AGE AT LAST BIRTHDAY <u>18</u>
(12) BIRTHPLACE <u>15</u>	(18) BIRTHPLACE <u>James Island</u>	(13) OCCUPATION <u>Labourer</u>	(19) OCCUPATION <u>Washer</u>
(20) Number of children born to mother, including present one <u>1</u>	(21) Number of children of this mother now living, including present one <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9:45 a.m. on the date above stated. (Born alive or stillborn) (Hour, P. M., or P. M.)

(23) (Signature) Alice Bryant

(24) State whether, Physician or Midwife Midwife

(25) Address of Physician or Midwife 135 Short St.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed 6/25/23 (28) Miss 135 Short St.

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

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