

Form No. 10.
MARGIN RESERVED FOR BINDING.
WHILE 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
CHILD, if possible, with a SEPARATE BLANK for each child, and mark the
CHILD, if possible, with a SEPARATE BLANK for each child, and mark the

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

File No.—For State Registrar Only
80648

(1) PLACE OF BIRTH
County of Charleston
Township of James Island
or
Inc. Town of _____
or
City of _____
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. 904 Registered No. 602
(For use of Local Registrar)
St. _____ Ward _____
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Mary Brown
(3) SEX girl (4) Twin or Triplet? No (5) Are Parents Married? Yes (6) DATE OF BIRTH Oct. 27, 1916
(Name of Month) (Day) (Year)
(7) FATHER'S NAME Cuffie Brown
(8) PRESENT POSTOFFICE OF FATHER _____
(9) COLOR OR RACE Blk (10) AGE AT LAST BIRTHDAY 38 (Years)
(11) BIRTHPLACE James Island
(12) OCCUPATION State keeper & farmer
(13) MOTHER'S NAME Clara Chisolm
(14) NAME BEFORE MARRIAGE Charleston N.C.
(15) PRESENT POSTOFFICE OF MOTHER _____
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 40 (Years)
(18) BIRTHPLACE James Island
(19) OCCUPATION house wife
(20) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was _____ at _____ M.
(Born alive or stillborn) (Hour A. M. or P. M.)
(22) on the date above stated.
(23) (Signature) Dolly D. Lester
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 101 Charleston

Given name added from a supplemental report
Geo R. Seabrook 1916
Local Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
P. H. Campbell
(27) Filed Oct 28 1916 (28) P. H. Campbell 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.
Registrar