

When printed, with UNLINED INC.—THIS IS A PERMANENT REPORT.  
 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.

(1) PLACE OF BIRTH

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

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

No. 8283—For State Registrar Only

Registration District No. 205 Registered No. 31  
 (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 Alberta Brown (If child is not yet named, make supplemental report as directed)

(3) SEX OR GALT (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb. 20, 1933  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Henry Brown  
 (9) PRESENT POSTOFFICE OF FATHER Johns Island  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 41  
 (12) BIRTHPLACE Johns Island  
 (13) OCCUPATION

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Julia Singleton  
 (15) PRESENT POSTOFFICE OF MOTHER Johns Island  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 39  
 (18) BIRTHPLACE Johns Island  
 (19) OCCUPATION

(20) Number of children born to mother, including present birth Eight (21) Number of children of this mother now living, including present birth Six

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Kate Kaita  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report  
 .....

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)  
 (27) Filed Mar. 25, 1933 (28) Mrs. E. H. Hill 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.