

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

File No.—For State Registrar Only

88718

Registration District No. 9A Registered No. 1399

(For use of Local Registrar)

No. 91 Cannon St.; Ward)

(2) Full Name of Child. Francis Brown

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? No (7) DATE OF BIRTH Dec 14 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME General Brown (14) NAME BEFORE MARRIAGE Carrie Brown

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C. (15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (18) COLOR OR RACE Black (19) AGE AT LAST BIRTHDAY 17

(20) BIRTHPLACE Charleston S.C. (21) BIRTHPLACE Charleston S.C.

(22) OCCUPATION Laborer (23) OCCUPATION Domestic

(24) Number of children born to mother, including present birth 1 (25) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(26) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(27) (Signature) Lucy Brown Green

(28) State whether Physician or Midwife (29) Address of Physician or Midwife 17 Annan St.

Given name added from a supplemental report

(30) Witness A. R. Meyer

(31) Filed 12/15/16 (32) 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.

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