

(2) 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

3178

Registration District No. 9.A .. Registered No. 257
 (For use of Local Registrar)

(No. 201 President .. St. Ward)

(2) Full Name of Child Daniel Augustus Brown

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

(1) SEX OF CHILD Boy (2) Time of Birth To be entered only in case of Twin or Triple (3) Number in order of birth (4) Age of Mother Yes (5) Date of Birth March 10, 1923 (Name of Month Day Year)

FATHER.

(6) Full Name Daniel Augustus Brown

(8) Present Residence of Father Charleston, S.C.

(10) Color of Race Negro (11) Age at Last Birthday 31 (Years)

(12) Birthplace Charleston, S.C.

(13) Occupation Mail carrier

(14) Number of children born to mother, including present one One (1)

MOTHER.

(14) Name before Marriage Margaret Burke

(16) Present Residence of Mother Charleston, S.C.

(18) Color of Race Negro (17) Age at Last Birthday 18 (Years)

(19) Birthplace Charleston, S.C.

(20) Occupation Housewife

(21) Number of children of this mother now living, including present one One (1)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:15 P.M. on the date above stated. (Born alive or stillborn) (Dear A. M. or P. M.)

(23) (Signature) (24) State Whether Physician or Midwife (25) Address of Physician or Midwife

Given under my hand and seal of office this 10th day of March 1923.

(26) Witness (Signature of Witness necessary only when question 22 is signed by mother)

2/23/23

2/23/23

No school, household, etc., should make this return. No report is desired of stillbirths or pregnancy.