

N. B.—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 case of TWINS, of Columbia.

(1) PLACE OF BIRTH

County of Charleston
Township of Trinity

Inc. Town of
or
City of Georgetown

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—for State Registrar Only

17057

Registration District No. 102 Registered No. 147
(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

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

(3) SEX—MALE (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 17 1923
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Ed William Brown
(9) PRESENT POSTOFFICE OF FATHER Georgetown S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Charleston Co S.C.
(13) OCCUPATION Clerk
(14) Number of children born to mother, including present birth 2

MOTHER.
(15) NAME BEFORE MARRIAGE Christina Miller Smith
(16) PRESENT POSTOFFICE OF MOTHER Georgetown S.C.
(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 22 (Years)
(19) BIRTHPLACE Charleston Co S.C.
(20) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn (Hour A. M. or P. M.) 5-10
on the date above stated.

(23) (Signature) [Signature] (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Georgetown S.C.

Given name added from a supplemental report
..... 101
.....
Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed 7/10 1923 (28) W. F. Smith 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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