

## (1) PLACE OF BIRTH

County of \_\_\_\_\_  
 Township of \_\_\_\_\_  
 Inc. of \_\_\_\_\_  
 City of Chas.

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

File No.—For State Registrar Only

3250

Registration District No. 9 A Registered No. 192  
 (For use of Local Registrar)  
 (No. 33 Chas. St. \_\_\_\_\_ Ward) \_\_\_\_\_

## (2) Full Name of Child

Stanley Brown (If child is not yet named, make supplemental report as directed)

1) SEX M 2) Type of Birth 1st 3) Number in order of birth 1 4) Age Parents 18 5) DATE OF BIRTH Jan 19 1919  
 To be answered only in case of Twins or Triplets

## FATHER.

6) FULL NAME James Brown  
 7) PRESENT POSTOFFICE IF FATHER Charleston S.C.  
 8) COLOR OR RACE B 9) AGE AT LAST BIRTHDAY 40 (Years)  
 10) BIRTHPLACE W. Ireland / N.Y.  
 11) OCCUPATION Houseman  
 12) Number of children born to mother, including present birth 2 John

## MOTHER.

13) NAME BEFORE MARRIAGE May Williams  
 14) PRESENT POSTOFFICE OF MOTHER Charleston S.C.  
 15) COLOR OR RACE W 16) AGE AT LAST BIRTHDAY 37 (Years)  
 17) BIRTHPLACE W. Ireland / N.Y.  
 18) OCCUPATION Domestic  
 19) 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 at 4 P.M. on the date above stated.

(23) (Signature) Phyllis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 613 1/2 East

(26) If name added to list of supplemental (as report)

(27) Witness (Signature of Witness necessary only when question 23 is signed by mark) Phyllis

(28) Filed Jan 19 1919 (29) Phyllis

When the attending physician or midwife, then the father, householder, etc., should make this return. If a child is born 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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