

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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 question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only 3468	
County of <i>Charleston</i>		Township of <i>Charleston</i>		Registration District No. <i>901</i> Registered No. <i>32</i>	
Inc. Town of.....		or.....		(For use of Local Registrar)	
City of.....		(No.) St.		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)	
(2) Full Name of Child <i>Moses Brown</i>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 14 1922</i>	
To be answered only in event of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <i>Stephen Brown</i>			(14) NAME BEFORE MARRIAGE <i>Caroline Bryant</i>		
(9) PRESENT POSTOFFICE OF FATHER <i>Met Pleasant SC</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Met Pleasant SC</i>		
(10) COLOR OR RACE <i>Negro</i>			(16) COLOR OR RACE <i>Negro</i>		
(11) AGE AT LAST BIRTHDAY <i>25</i>			(17) AGE AT LAST BIRTHDAY <i>22</i>		
(12) BIRTHPLACE <i>SC</i>			(18) BIRTHPLACE <i>SC</i>		
(13) OCCUPATION <i>Farming</i>			(19) OCCUPATION <i>Housekeeper</i>		
(20) Number of children born to mother, including present birth <i>Three</i>			(21) Number of children of this mother now living, including present birth <i>Three</i>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <i>Born alive</i> at <i>11 A. M.</i> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <i>Bess Chapman</i>					
(24) State whether Physician or Midwife <i>Midwife</i> (25) Name of Physician or Midwife <i>Met Pleasant SC</i>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed in mark)			
....., 19		(27) Filed <i>Aug 14 1922</i> (28) <i>Isaac Ansa</i> 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.					

Duplicate