

1) PLACE OF BIRTH

County of Charleston

Township of

or Town of

City of Charleston S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Harold Edward Brown

File No.—For State Register Only

3217

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9A

Registered No. 305

(For use of Local Registrar)

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

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

FATHER
FULL NAME Abraham Brown

PRESENT POSTOFFICE OF FATHER 16 Cannon St. Charleston S.C.

COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38
(Years)

BIRTHPLACE James Island S.C.

OCCUPATION Seaman

Number of children born to mother, including present birth 12

MOTHER
(14) NAME BEFORE MARRIAGE Louisa Taylor

(15) PRESENT POSTOFFICE OF MOTHER 16 Cannon St. Charleston S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32
(Years)

(18) BIRTHPLACE James Island S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as 9:05 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) J. M. O. Charleston S.C.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Give name added from a supplemental report

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Registrar

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

(27) Filed 2/9 1923 (28) J. M. O. Charleston S.C. 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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