

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

OF

Inc. Town of .....

OF

City of Charleston

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

(2) Full Name of Child Orlie Brown

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Dec. 10, 1922</u> (Name of Month) (Day) (Year)
------------------------------	--------------------------------	---------------------------------------	-------------------------------------	--

## FATHER.

(8) FULL NAME Ernest Brown Jr.(9) PRESENT POSTOFFICE OF FATHER 31 Wall street(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
(Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION undertaker(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Sadie Simons(15) PRESENT POSTOFFICE OF MOTHER 31 Wall street(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Messie E. Randall(24) State whether Physician or Midwife nurse (25) Address of Physician or Midwife 86 Lockwood St

Given name added from a supplemental report

(26) Witness J. J. J. J. J.  
(Signature of Witness, when question 23 is answered by mark)(27) Filed 12/30/22 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.

Registrar

Filed 12/30/22

19

Local Registrar

NOTED SEPARATELY, WITH UNFOLDING, IN-1918 AS A PREGNANT WOMAN, AND MARK THE  
N. B.—In case of TWIN OR TRIPLETS, use a separate form for EACH CHILD, and mark the  
FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.  
REG. OF COLUMBIA, COLUMBIA, S. C.