

(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

27564

County of *Charleston*Township of *St. James Mount*Inc. Town of *Mt. Pleasant*City of *Charleston*Registration District No. *106* Registered No. *72*

(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 *Lithena Brown*

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

(3) BOY OR GIRL *boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year) *Feb 2 1923*

FATHER.

(8) FULL NAME

Lee Brown

(9) PRESENT POSTOFFICE OF FATHER

Mt. Pleasant

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

24

(12) BIRTHPLACE

Charleston Co

(13) OCCUPATION

Day Labor

(20) Number of children born to mother, including present birth

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Lithena Singleton

(15) PRESENT POSTOFFICE OF MOTHER

Mt. Pleasant

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

23

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

Day Labor

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... *born alive*... at *11:00* P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Lee Singleton*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Mt. Pleasant**Mt. Pleasant*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Feb 15 1923*(28) *Lee Singleton*

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.