

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

City of Charleston

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9 A(No. 54 Calhoun St)No. 3178Registered No. 259

(For use of Local Registrar)

Ward

## (2) Full Name of Child

(1) SEX OR CHILD Boy (2) Type or Triple 4 (3) Number in order of birth 4 (4) Age MA (5) DATE OF BIRTH Feb 18 1923  
(Name of Month) (Day) (Year)

FATHER.  
(6) FULL NAME Samuel Bryan  
(7) PRESENT RESIDENCE OF FATHER 54 Calhoun St  
(8) COLOR OR RACE Colored (9) AGE AT LAST BIRTHDAY 46  
(10) BIRTHPLACE Charleston  
(11) OCCUPATION Tinner

MOTHER.  
(12) NAME BEFORE MARRIAGE Harriett Campbell  
(13) PRESENT RESIDENCE OF MOTHER 54 Calhoun St  
(14) COLOR OR RACE Colored (15) AGE AT LAST BIRTHDAY 36  
(16) BIRTHPLACE Charleston S.C.  
(17) OCCUPATION Maid

(18) Number of children born to mother, including present birth 4 (19) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at 6 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(21) (Signature) Scholarde Surge (22) State whether Physician or Midwife Midwife (23) Address of Physic. 34 Bernhardt St

Given name and date of birth of child.

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(24) Witness (Signature of Witness necessary only when question 23 is signed by mark) J. Merriam  
(25) Filed 2/23 1923 Local Registrar.

If a child is born dead, it must not be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.