(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
29206

County of .....

Township of .....
or
Inc. Town of .....
or
City of Charleston S.C. (No. 196 Fishburne St.; .....Ward)

Registration District No. 9A Registered No. 1333
(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 Rudolph Reynolds Brown (If child is not yet named, make supplemental report as directed)

(3) BOY OR ~~GIRL~~	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Name of Month) (Day) (Year)
			Yes	Sept 13th 1922

FATHER

(8) FULL NAME John D. Brown

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 27 (Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Susie Capers

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE B Cook (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 born Alive at 5 A.M., on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lucy T Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 17 Vanderhorst St

Given name added from a supplemental report .....

..... 19 .....
Registrar

(26) Witness Mrs. A. R. Meyer
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 9/15 1922 (28) J. Merrell Hutchinson
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.

BOARD OF COLUMBIA, COLUMBIA, S. C.