

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or

Inc. Town of .....

or

City of Charleston S.C.

(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

File No. — For State Registrar Only  
**25198**Registration District No. 9ARegistered No. 1263

(For use of Local Registrar)

(No. Mercy Maternity); .....

Ward)

(2) Full Name of Child Harmon Lybrand Brown

(supplemental report as directed)

3) BOY OR GIRL? Boy(4) Twin or Triplet? X(5) Number in order of birth X(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Aug. 23, 1922  
(Name of Month) (Day) (Year)**FATHER.**

8) FULL NAME

Charles P. Brendle

9) PRESENT POSTOFFICE OF FATHER

Charleston S.C. Navy Yard10) COLOR OR RACE white(11) AGE AT LAST BIRTHDAY 24  
(Years)

12) BIRTHPLACE

Huntsville, Ala.

13) OCCUPATION

Mechanic20) Number of children born to mother, including present birth 1**MOTHER.**

(14) NAME BEFORE MARRIAGE

Rose Lybrand

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C. Navy Yard(16) COLOR OR RACE white(17) AGE AT LAST BIRTHDAY 24  
(Years)

(18) BIRTHPLACE

Augusta Ga.

(19) OCCUPATION

Home duties(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 Delina Aug. 23 at 2:40 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) R. L. McCady M.D.(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife

208 Dime Bank

Given name added from a supplemental report

(26) Witness

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

(27) Filed 9/6 19 22(28) Mercy Maternity 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.

If a child breathes even once before the fifth month of pregnancy.