

MARGINS RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 2.

Reform of Custom, Columbia, S. C.

(1) PLACE OF BIRTH

County of Charleston S.C.  
 Township of Westfield  
 or  
 Inc. Town of .....  
 or  
 City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No.—For State Registrar Only

655

Registration District No. 913 Registered No. 2  
 (For use of Local Registrar)

(2) Full Name of Child Lucia Brown (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 If child is not yet named, make supplemental report as directed

2) SEX OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>No</u>	5) Number in order of birth <u>1</u>	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>1925</u>
FATHER			MOTHER	
2) FULL NAME <u>Henry Brown</u>			14) NAME BEFORE MARRIAGE <u>Louise Alcott</u>	
3) PRESENT POSTOFFICE OF FATHER <u>North Pointe</u>			15) PRESENT POSTOFFICE OF MOTHER <u>North Pointe</u>	
10) COLOR OR RACE <u>Negro</u>	11) AGE AT LAST BIRTHDAY (Years) <u>28</u>	16) COLOR OR RACE <u>Negro</u> 17) AGE AT LAST BIRTHDAY (Years) <u>28</u>		
12) BIRTHPLACE <u>Mad. S.C.</u>			18) BIRTHPLACE <u>Mad.</u>	
13) OCCUPATION <u>Labour</u>			19) OCCUPATION <u>Labour</u>	
20) Number of children born to mother, including present birth <u>1</u>			21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Thos. Drayton (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Charleston, S.C.

Given name added from a supplemental report  
 .....  
 19  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Thos. Drayton  
 (27) Filed Feb 10 1925 (28) Local Registrar Thos. Drayton

\*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.