

(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

File No.—For State Registrar Only

35106

Registration District No. 9A Registered No. 1702

(For use of Local Registrar)

(2) Full Name of Child Charles Raymond Brown If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH 11 16 23  
(Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Charles Ray. Brown (14) NAME BEFORE MARRIAGE Joseph Elmer Taylor(9) PRESENT POSTOFFICE OF FATHER Charleston (15) PRESENT POSTOFFICE OF MOTHER Charleston(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 27 (16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 23  
(Years) (Years)(12) BIRTHPLACE Wilmington, N.C. (18) BIRTHPLACE Rock Hill, S.C.(13) OCCUPATION Barber (19) OCCUPATION Domestic(20) Number of children born to mother, including present birth 3 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as 1:40 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. E. Brown, M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife 106 Broad St.True term.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11/21 19123 (28) J. M. Davis, Jr. 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.

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