

(1) PLACE OF BIRTH

County of Charlotte

Township of

Inc. Town of

City of Charlotte

(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

80533

Registration District No. 9ARegistered No. 1179

(For use of Local Registrar)

(2) Full Name of Child Mabel Brown

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Oct. 15

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sh. Julius Brown

(9) PRESENT POSTOFFICE OF FATHER

22 Ashton

(10) COLOR OR RACE

Cul(11) AGE AT LAST BIRTHDAY 24

(Years)

(12) BIRTHPLACE

city

(13) OCCUPATION

Tailor

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

Beatrice Brown

(15) PRESENT POSTOFFICE OF MOTHER

22 Ashton

(16) COLOR OR RACE

Cul(17) AGE AT LAST BIRTHDAY 22

(Years)

(18) BIRTHPLACE

city

(19) OCCUPATION

housewife

(20) 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 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alice J. Myer

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife15th St.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed 10/19/16

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(28)

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.