

(1) PLACE OF BIRTH

County of Charlotte

Township of

Inc. Town of

or Charlotte

City of

(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. 9A Registered 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? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct 15 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Dr. 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.

(16) NAME BEFORE MARRIAGE Beatrice Brown

(17) PRESENT POSTOFFICE OF MOTHER 22 Ashton

(18) COLOR OR RACE Cul (19) AGE AT LAST BIRTHDAY 22 (Years)

(20) BIRTHPLACE city

(21) OCCUPATION homemaker

(22) 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 11 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Alice Myant

(24) State whether Physician or Midwife (25) Address of Physician or Midwife 15 Street

Given name added from a supplemental report

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

(27) Filed 10/19/16 1916 (28) [Signature] 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.

NOTICE: PLACED IN THIS SECTION BY THE REGISTRAR OF BIRTHS, DEPARTMENT OF HEALTH, STATE OF SOUTH CAROLINA, CHARLOTTE, N. C. IN ACCORDANCE WITH THE PROVISIONS OF SECTION 10-1-10, CHAPTER 10, ACT 1915, AS AMENDED BY ACTS 1916, 1917, 1918, 1919, 1920, 1921, 1922, 1923, 1924, 1925, 1926, 1927, 1928, 1929, 1930, 1931, 1932, 1933, 1934, 1935, 1936, 1937, 1938, 1939, 1940, 1941, 1942, 1943, 1944, 1945, 1946, 1947, 1948, 1949, 1950, 1951, 1952, 1953, 1954, 1955, 1956, 1957, 1958, 1959, 1960, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970, 1971, 1972, 1973, 1974, 1975, 1976, 1977, 1978, 1979, 1980, 1981, 1982, 1983, 1984, 1985, 1986, 1987, 1988, 1989, 1990, 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100.