

WRITE 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 5.

McGraw, of Columbia.

## (1) PLACE OF BIRTH

County of

*Charleston S.C.*

Township of

or  
Inc. Town of  
or  
City of*Char*

(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

76021

Registration District No.

*9A*

Registered No.

*1013*

(For use of Local Registrar)

(No. *14 Francis*)

St.; ..... Ward)

(2) Full Name of Child *W. J. Earl Brown*

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

(3) BOY OR GIRL?

*Boy*

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

*yes*

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

*13 Sept 1911*

## FATHER.

(8) FULL NAME

*Henry Earl Brown*

(9) PRESENT POSTOFFICE OF FATHER

*Charleston S.C.*

(10) COLOR OR RACE

*White*

(11) AGE AT LAST BIRTHDAY

*26*  
(Years)

(12) BIRTHPLACE

*Burkly Co*

(13) OCCUPATION

*Street Car Conductor*

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

*2*

## MOTHER.

(14) NAME BEFORE MARRIAGE

*Queenie Jones*

(15) PRESENT POSTOFFICE OF MOTHER

*Charleston S.C.*

(16) COLOR OR RACE

*White*

(17) AGE AT LAST BIRTHDAY

*26*  
(Years)

(18) BIRTHPLACE

*Charleston*

(19) OCCUPATION

*House work.*

(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 *alive*, at *930 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

*Mrs. W. Kraker*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*M. W.**89 Nassau St*

Given name added from a supplemental report

(26) Witness

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

(27) Filed

*9/24/11*

(28)

Local Registrar

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.