

(1) PLACE OF BIRTH

County of

Charleston.

Township of

or

Inc. Town of

or

City of

Charleston

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Baby Brown

3) BOY OR GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH Aug 23, 1922.

(Name of Month) (Day) (Year)

FATHER

8) FULL NAME

Henry Brown

9) PRESENT POSTOFFICE OF FATHER

Charleston

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

20

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

Steward

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

Two

MOTHER

(14) NAME BEFORE MARRIAGE

Mattie Alston

(15) PRESENT POSTOFFICE OF MOTHER

Charleston

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

18

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

House wife

(21) Number of children of this mother now living, including present birth

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was on the date above stated.

Born alive at 6 A.M.

(Born alive or stillborn)

(Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

Elizabeth Fuller

(25) Address of Physician or Midwife

Midwife 46 Morris St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

8/26/22

(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.