

Form No. 1.

(1) PLACE OF BIRTH

County of Charleston

Township of Wadmalaw

or
Inc. Town of
or

City of

(No. St. Ward)
(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

456-2

Registration District No. 913 Registered No. 8-1
(For use of Local Registrar)

(2) Full Name of Child Margaret Brown

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(To be answered only in case of twins or triplets)

(6) Are Parents Married?

(7) DATE OF BIRTH Jan. 4, 1914
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Brown

(9) PRESENT POSTOFFICE OF FATHER Marine Point S.C.

(10) COLOR OR RACE negro

(11) AGE AT LAST BIRTHDAY 22
(Years)

(12) BIRTHPLACE Wadmalaw, S.C.

(13) OCCUPATION Farm Laborer

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Whitlock

(15) PRESENT POSTOFFICE OF MOTHER Marine Point S.C.

(16) COLOR OR RACE negro

(17) AGE AT LAST BIRTHDAY 20
(Years)

(18) BIRTHPLACE Wadmalaw, S.C.

(19) OCCUPATION Farm Laborer

(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 at (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) William F. Brown, M.D.

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

Given name added from a supplemental report

(26) Witness John F. Brown, M.D.
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 6, 1914 (28) J. H. Brown, M.D. 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.

MARGIN RESERVED FOR BLENDING.
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 N. No. 1. THE OTHER, No. 2, etc., in question 5.
McLAW of Columbia