

(1) PLACE OF BIRTH

County of

Richland

Township of

or Inc. Town of

City of

Columbia, S.C.

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36208

Registration District No.

381

Registered No.

1822

(For use of Local Registrar)

(No. 210.3)

Edmond Ave

St.;

Ward)

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

(2) Full Name of Child

Perry Lee Brown

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

(3) BOY OR GIRL?

Boy

(4) Twin or triplet?

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

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE

Oct 6 1922

BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Joseph Brown

(9) PRESENT POSTOFFICE OF FATHER

Columbia, S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

(Years)

(12) BIRTHPLACE

Columbia, S.C.

(13) OCCUPATION

Seaman

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

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Virginia Charles

(15) PRESENT POSTOFFICE OF MOTHER

Columbia, S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

(Years)

(18) BIRTHPLACE

Columbia, S.C.

(19) OCCUPATION

House wife

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

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

L. A. Lee

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

2107 Edmond

Given name added from a supplemental report

(26) Witness

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

(27) Filed 11-5-1922

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.

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N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, N. B. 1. THE OTHER, N. B. 2, etc., in question 5.

Gaw. of Columbia.