

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

City of Charleston

(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 HealthFile No. 380182) Full Name of Child Violet Brown

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

(1) Twin or Triplet? ☒ (2) Number in order of birth 2 (3) Age 20 (4) Sex Female (5) Date of Birth Nov 23 (6) Place of Birth Charleston S.C.

FATHER		MOTHER	
(1) Full Name <u>Isaac Hines</u>	(14) Name before Marriage <u>Ethel Brown</u>	(15) Present Postoffice of Father <u>Charleston S.C.</u>	(15) Present Postoffice of Mother <u>Charleston S.C.</u>
(16) Color <u>Cal</u>	(16) Color <u>Cal</u>	(17) Age at Last Birthday <u>32</u>	(17) Age at Last Birthday <u>30</u>
(18) Birthplace <u>Lab.</u>	(18) Birthplace <u>Kanawha S.C.</u>	(19) Occupation <u>Lab.</u>	(19) Occupation <u>Lab.</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 340 on the date above stated.(23) (Signature) Robert H. Mack(24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Name added from a supplemental report

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Registrar

(26) Witness (Signature of witness necessary only when question 25 is signed by mark)

(27) Filed 11/27/1913

When there was no attending physician or midwife, then the father, householder, etc., should make this return, and breathe even once, it must not be reported as stillborn. No report is required of children born the fifth month of pregnancy.