

(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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

45613

Registration District No. 4/A Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child. Anna Caroline Brasell } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Y (7) DATE OF BIRTH Jun 2 1916
(None of Month) (Day) (Year)

To be answered only in case of Twins or Triplets

FATHER.

(8) FULL NAME Paul L. Brasell

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Charleston S.C.

(13) OCCUPATION Insurance

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Grant

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Wilmington N.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Robert Wilson, Jr.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife W. D. 65 Rutledge Ave

Given name added from a supplemental report

..... 191.....

..... Registrar

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

(27) Filed 1/5 1916 (28) W. D. Wilson, Jr. 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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MARGIN RESERVATION FOR SUPPLEMENTAL REPORTS—THIS IS A PERMANENT RECORD. 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.

FORM NO. 4

McCaw of Columbia