

WHITE 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, THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
3493

County of Charleston
Township of St. James
or St. James
Inc. Town of St. James
or St. James
City of St. James (No. St. James St. St. James Ward St. James)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child Martha Brown If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 3, 1922
(To be answered only in event of Twins or Triplets)

FATHER.

(8) FULL NAME Harry Brown (14) NAME BEFORE MARRIAGE Relicia Smith
(9) PRESENT POSTOFFICE OF FATHER St. James (15) PRESENT POSTOFFICE OF MOTHER St. James
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 26 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19
(12) BIRTHPLACE Charleston Co (18) BIRTHPLACE Charleston Co
(13) OCCUPATION May Labor (19) OCCUPATION May Labor
(20) Number of children born to mother, including present birth 1 (21) Number of children of the 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 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Brown (24) State whether Physician or Midwife (25) Address of Physician or Midwife St. James
Midwife

Given name added from a supplemental report. (26) Witness (Signature of Witness necessary only when question 23 is signed by mark) Frederick
(27) Filed Feb 18, 1922 (28) Frederick 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.