

(1) PLACE OF BIRTH

County of Charleston
 Township of St. George
 Inc. Town of St. George
 or
 City of Charleston

CERTIFICATE OF BIRTH

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

No. 1a.—For State Register Only

27422

Registration District No. 2A Registered No.
 (For use of Local Registrar)
 No. 155 Channing 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 Hazel Brown If child is not yet named, make supplemental report as directed

(a) SEX GIRL (b) Twin or Triplet one (c) Number in order of birth one (d) Are Parents Married no (e) DATE OF BIRTH 9-1-29 23
 (Name of Month) (Day) (Year)

FATHER.
 (6) FULL NAME John Brown
 (7) PRESENT POSTOFFICE OF FATHER Charleston, S.C.
 (10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 33 (Year)
 (12) BIRTHPLACE Frankville, S.C.
 (13) OCCUPATION Turner

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

MOTHER.
 (14) NAME BEFORE MARRIAGE Aethia Green
 (15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.
 (16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 17 (Year)
 (18) BIRTHPLACE Piedmontville, S.C.
 (19) OCCUPATION house work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Sign P. M.)

(23) (Signature) Charles Johnson, M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife #5 Stone St

Given name added from a supplemental report

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

(27) Filed 9-1-29 23 Local Registrar

When there was no attending physician or midwife, then the father, household, 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.