

MARGIN RESERVED FOR BINDING.  
 WHEN PLAINLY WRITTEN UNREADING INK—THIS IS A PERMANENT RECORD.  
 IN CASE OF TWINS OR TRIPLETS use a SUPPLEMENTARY BLANKS for each child, and mark the  
 NUMBER of Children

(1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town 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 Health

File No.—For State Registrar Only

80561

Registration District No. 9A

Registered No. 1161

(For use of Local Registrar)

No. 6 St. Phillips

Street St. Phillips Ward 4

(2) Full Name of Child

Sixth

Mom

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

(3) Boy

(4) Yes

(5) Yes

(6) Yes

(7) Yes

(8) Yes

FATHER.

(9) FULL NAME Wm Stevens Brown

(10) PRESENT POSTOFFICE OF FATHER 6 St Phillips St Charleston S.C.

(11) COLOR OR RACE White (12) AGE AT LAST BIRTHDAY 47 (Years)

(13) BIRTHPLACE Charleston S.C.

(14) OCCUPATION Dentist

(15) Number of children born to mother, including present birth Six (6)

MOTHER.

(16) NAME BEFORE MARRIAGE Maria Virginia Martin

(17) PRESENT POSTOFFICE OF MOTHER 6 St Phillips St Charleston S.C.

(18) COLOR OR RACE White (19) AGE AT LAST BIRTHDAY 45 (Years)

(20) BIRTHPLACE Charleston S.C.

(21) OCCUPATION Housewife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born alive at 4:00 P.M. on the date above stated.

(24) (Signature) W. H. Johnson M.D.

(25) State whether Physician or Midwife (26) Address of Physician or Midwife 107 W. 1st St. Charleston S.C.

Given name added from a supplemental report

(27) Witness (Signature of Witness necessary only when question 22 is signed by mother)

(28) Filed 10/31/16 (29) J. M. Green M.D.

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.

Registrar.

Filed 10/31

19 16

J. M. Green, M.D.

Corrected: 11/1/16 LEON SANDY, M.D.

REGISTRAR