

(1) PLACE OF BIRTH

County of

Township of

Sec. Town of

City of Charlotte, N.C.

(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

Department of Vital Statistics

State Board of Health

Registration District No. A

3175

Registered No. 255
(For use of Local Registrar)

(2) Full Name of Child

Charles Brown

Sex M Age 3 Months 4 Days 13

(a) SEX Boy

(b) AGE 3 Months 4 Days 13

(c) RACE W

(d) WEIGHT 12 LBS. 4 OZ.

(1) NAME Charles Brown

(2) NAME Charlotte

(3) COLOR White

(4) OCCUPATION Painter

(5) OCCUPATION Driver

(6) NUMBER OF CHILDREN 1

(1) NAME Virginia

(2) NAME Charlotte

(3) COLOR White

(4) OCCUPATION Painter

(5) OCCUPATION Driver

(6) NUMBER OF CHILDREN 1

CERTIFICATE OF ATTENDING PHYSICIAN

(1) I hereby certify that I attended the birth of this child, who was alive on the date above stated.

(2) (Signature) James Royal

(3) ADDRESS OF PHYSICIAN 50 Calhoun

(4) ADDRESS OF REGISTRAR 50 Calhoun

(5) ADDRESS OF REGISTRAR 50 Calhoun

(6) ADDRESS OF REGISTRAR 50 Calhoun

(7) ADDRESS OF REGISTRAR 50 Calhoun

(8) ADDRESS OF REGISTRAR 50 Calhoun