

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH INK. IN CASE OF TWINS OR TRIPLETS, GIVE EACH CHILD, AND MARK THE FIRSTBORN NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

N.B.—In case of TWINS or TRIPLETS, GIVE EACH CHILD, AND MARK THE FIRSTBORN NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.

GARY PRINTING CO., COLUMBIA, S. C.

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

Registration District No. **9A**

(No. **6 Chestnut St.**

FILE No.—For State Registrar Only

3461

Registered No. **312**

(For use of Local Registrar)

2. FULL NAME OF CHILD

Martha Elizabeth Brown

3. BOY OR GIRL

Girl

4. Twin or Triplet

5. Number in order of birth

6. Are Parents Married?

Yes

7. DATE OF BIRTH

Feb. 2nd, 1922

(Name of Month (Day) (Year))

FATHER

8. FULL NAME

Alfred Brown

9. PRESENT POSTOFFICE OF FATHER

Charleston, S.C.

10. COLOR OR RACE

Col.

11. AGE AT LAST BIRTHDAY

45 (Years)

12. BIRTHPLACE

St. Stephens, S.C.

13. OCCUPATION

Cotton Sampler

20. Number of children born to mother, including present birth

13

MOTHER

14. NAME BEFORE MARRIAGE

Louise Johnson

15. PRESENT POSTOFFICE OF MOTHER

Charleston, S.C.

16. COLOR OR RACE

Col.

17. AGE AT LAST BIRTHDAY

42 (Years)

18. BIRTHPLACE

Charleston, S.C.

19. OCCUPATION

Wife

21. Number of children of this mother now living, including present birth

9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

22. I hereby certify that I attended the birth of this child, who was **alive** on the date above stated.

(Born alive or stillborn)

(Hour A.M. or P.M.)

23. Signature **Martha Howard**

24. State whether Physician or Midwife

Midwife

25. Address of Physician or Midwife

Given name added from a supplemental report

192

Registrar

26. _____

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

27. Filed **Feb. 4th, 1922**

28. **E.M.G. Coon, M.D.**

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.

mother of Martha Elizabeth Brown, who was born in the city of Charleston, South Carolina on Feby. 2nd, 1922: that the name of this child was recorded as Elizabeth and that it should be Martha Elizabeth Brown: that she wishes this correction to be made on the record and the answers as given on the reverse return of birth.

SWORN to before me

this 9th day of March A.D. 1932.

Louise Brown

Alvey A. Marquand
Notary Public.

ALVEY A. MARQUAND
Notary Public, Nassau County, N. Y.
Cert. Filed in Kings Co.
Clerk's No. 126, Kings Reg. No. 8546
Cert. Filed in Queens Co.
Clerk's No. 1231, Queens Reg. No. 8090
Commission Expires Mar. 30, 1937

Be sure the hose seal applies

State of New York
County of Kings

No. 2752 SERIES A

For

I, JOHN N. HARMAN, Clerk of the County of Kings, and also Clerk of the Supreme Court in and said county,

DO HEREBY CERTIFY, That said Court is a Court of Record, having by law a seal; that

Alvey A. Marquand
whose name is subscribed to the annexed certificate or proof of acknowledgment of the annexed instrument was at the time of taking the same a NOTARY PUBLIC acting in and for said county duly commissioned and sworn, and qualified to act as such; that he has filed in the Clerk's Office of the County of Kings a certified copy of his appointment and qualification as Notary Public

for the County of Nassau with his autograph signature; that such Notary Public, he was duly authorized by the laws of the State of New York to receive notes; to take and certify depositions; to administer oaths and affirmations; to take affidavits and certify the acknowledgment and proof of deeds and other written instruments for lands, tenements and hereditaments to be read in evidence or recorded in this state; and further, that I am well acquainted with the handwriting of such Notary Public and verily believe that the signature to such proof or acknowledgment is genuine.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court at the City of New York, in the County of Kings, this 9th day of March 1932.

of

103

John N. Harman

1222
1072
REHTA

RO.

30

33ALPHHTH

of Charleston, S. C.

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

3461

9.A

Registered No.....512.....
(For use of Local Registrar)

Chestnut St. (No. 6 Chestnut St.; Ward)
 .. occurs in a hospital or other institution, give name of same instead of street and number.)

of Child Elizabeth Brown

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

4) Twin

(5) Number in

(5) Are Parents Married?

(7) DATE OF

BIRTH Feb 2nd 22 1922
(Name of Month) (Day) (Year)

FATHER

242 13-20-21

^A 12.5.8C

(11) AGE AT LAST BIRTHDAY... 45 (Year)

Est Stephen S.C.

Thor Samkler

Children born to
during present birth

MOTHER.

(14) NAME BEFORE MARRIAGE

Louis Lehman

(15) PRESENT
POSTOFFICE
OF MOTHER

Charlotte, N.C.

(15) COLOR OR RACE

Cined (17) AGE AT LAST BIRTHDAY..... 42 (Years).....

(18) BIRTHPLACE

PLACE
Christina S.C.

(19) OCCUPATION

Housewife

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

19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

hereby certify that I attended the birth of this child, who was 1772 alone at 1 U M.
on the date above stated. (Born alive or stillborn) (Hour A M. or P M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Witness

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

(25) Filed

1 0/4 1

Local Registrar.

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