

(1) PLACE OF BIRTH

County of Charleston
 Township of North Charleston
 Inc. Town of _____
 City of _____

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only
517192

Registration District No. _____ Registered No. 43
 (For use of Local Registrar)

Birth occurs in a hospital or other institution, give name of same instead of street and number. St.: _____ Ward: _____

2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? _____ (5) Number in order of birth _____
 To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 16, 1916
 (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME John L. Brown
 (9) PRESENT POSTOFFICE OF FATHER Yonkers, N.Y.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41 (Years)
 (12) BIRTHPLACE New York City
 (13) OCCUPATION Manager
 (14) Number of children born to mother, including present birth 4

(14) NAME BEFORE MARRIAGE Anna L. Brown
 (15) PRESENT POSTOFFICE OF MOTHER New York City
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
 (18) BIRTHPLACE New York City
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. J. L. Brown (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife New York City

Given name added from a supplemental report _____
 _____ 191____
 Registrar

(26) Witness _____
 (Signature of Witness necessary only when question 23 is signed by doctor)
 (27) File Mar. 1916 (28) Te. Muller 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.

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WHEN PLACED, WITH ONE ALIVE INFANT, IN A SEPARATE BLANK FOR EACH CHILD, AND MARK THE MOTHER'S NAME AND ADDRESS IN THE SEPARATE BLANK FOR EACH CHILD, IN QUESTION 1.