

(1) PLACE OF BIRTH

County of DillonTownship of Harleesville

Inc. Town of

City of

(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. 1602

File No.—For State Registrar Only

17401

Registered No. 62
(For use of Local Registrar)(2) Full Name of Child Herbert Washington

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

(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH June 7, 22
(Month of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Washington(9) PRESENT POSTOFFICE OF FATHER Hamer Jr(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
(Year)(12) BIRTHPLACE dc(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1 Two

MOTHER.

(14) NAME BEFORE MARRIAGE Jokey Carmichael(15) PRESENT POSTOFFICE OF MOTHER Dillon SC R 3(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17
(Year)(18) BIRTHPLACE dc(19) OCCUPATION farm labor(21) Number of children of this mother now living, including present birth 1 one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 3a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hora Rogers(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Dillon SC R 3

Given name added from a supplemental report

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

(27) Filed June 10, 22 (28) B. J. Hand 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.