

Form No. 1

(1) PLACE OF BIRTH

County of RichlandTownship of Eastover

Inc. Town of

City of Eastover S.C.

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child LeRoy Washington

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>1</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>4</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 21 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Washington(9) PRESENT POSTOFFICE OF FATHER Eastover(10) COLOR OR RACE Colard (11) AGE AT LAST BIRTHDAY 25
(Years)(12) BIRTHPLACE Waterloo S.C.(13) OCCUPATION Public Work(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Young(15) PRESENT POSTOFFICE OF MOTHER Eastover(16) COLOR OR RACE Colard (17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Eastover(19) OCCUPATION House Work(21) 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 Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) at 8 A. M.(23) (Signature) Miller Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 2/23/23 (28) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.