

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
DEPT. OF COLUMBIA, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
County of Barnwell  
Township of 2nd St. John  
OR  
Inc. Town of .....  
OR  
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. 703 Registered No. 162  
(For use of Local Registrar)

**(2) Full Name of Child** John Washington (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH September 19 1902  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>John Washington</u>	(14) NAME BEFORE MARRIAGE <u>.....</u>	(9) PRESENT POSTOFFICE OF FATHER <u>.....</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>.....</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>.....</u> (Years)
(12) BIRTHPLACE <u>.....</u>	(18) BIRTHPLACE <u>.....</u>	(13) OCCUPATION <u>.....</u>	(19) OCCUPATION <u>.....</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Annice Jackson  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Metairie, Opelousas, LA

Given name added from a supplemental report: .....

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 19 (28) W. M. Barrow 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.