

16 093501

PLACE OF BIRTH

County of Darlington

Township of _____

or

Inc. Town of _____

or

City of Hartsville, RteStandard Certificate of Birth
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 15 B

FILE No.—For State Registrar Only

67994-ARegistered No. 74
(For use of Local Registrar)

(No. _____ St. _____ Ward _____)

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

FULL NAME OF CHILD

Martha Washington

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

Sex GirlIf Plural
births4. Twin, triplet, or other born6. Premature yes

7. Are Parents

8. Date of birth

July 16, 1916
(Month, day, year)

FATHER

Edward Washington

MOTHER

Gettie Evans10. Residence (usual place of abode)
(If non-resident, give place and State) Hartsville, S.C.19. Residence (usual place of abode)
(If non-resident, give place and State) Hartsville, S.C.11. Color or race Black 12. Age at last birthday 35 (Years)20. Color or race Black 21. Age at last birthday 34 (Years)13. Birthplace (city or place)
(State or country) S.C.22. Birthplace (city or place)
(State or country) S.C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc. Housewife15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. Domestic24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. Own home16. Date (month and year) last
engaged in this work _____, 19____25. Date (month and year) last
engaged in this work _____, 19____27. Number of children of this mother
(At time of birth and including this child) 5 (a) Born alive and now living 5 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, _____ { months _____ weeks _____ } 29. Cause of stillbirth _____ (Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I certify that I attended the birth of this child, who was born alive at 12:50 A.M. on the date above stated.

(Born alive or stillborn)

If there was no attending physician,
then the father, householder,
make this return.(Signed N. J. Beasley, M.D.)

or _____, Midwife

Added from _____

Address Hartsville, S.C.

(Date of) _____

Filed May 10, 1915 W. J. Wickett

Registrar.

Registrar.