

16 093501

PLACE OF BIRTH
 County of Darlington
 Township of _____
 or
 Inc. Town of _____
 or
 City of Hartsville, S.C.

Standard 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-A

Registered 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 <u>Girl</u>	If Plural births <input type="checkbox"/>	4. Twin, triplet, or other <u>None</u>	6. Premature <u>yes</u>	7. Are Parents Married? <u>yes</u>	8. Date of birth <u>July 16, 1916</u> (Month, day, year)
FATHER <u>Edward Washington</u>			MOTHER <u>Gettie Evans</u>		
10. Residence (usual place of abode) (If non-resident, give place and State) <u>Hartsville, S.C.</u>			19. Residence (usual place of abode) (If non-resident, give place and State) <u>Hartsville, S.C.</u>		
11. Color or race <u>Black</u>		20. Color or race <u>Black</u>		21. Age at last birthday <u>34</u> (Years)	
13. Birthplace (city or place) (State or country) <u>S.C.</u>			22. Birthplace (city or place) (State or country) <u>S.C.</u>		
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		OCCUPATION	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>	
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>servant</u>			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>own home</u>	
	16. 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) <u>5</u> (a) Born alive and now living <u>5</u> (b) Born alive but now dead _____ (c) Stillborn _____					
28. If stillborn, period of gestation _____ { 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 11:50 A.M. on the date above stated.

(If there was no attending physician, then the father, householder, or other person present should make this return.)

(Signed N. J. Beasley, M.D.)

or _____, Midwife

Added from _____

Address Hartsville, S.C.

Sentinal report _____

Filed May 10, 1915 W. J. Winkler

(Date of)

Registrar.

Registrar.