

No. 1.

(1) PLACE OF BIRTH

County of Sumter  
Township of Providence  
or  
Inc. Town of .....

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

79473

Registration District No. 41605 Registered No. 123  
(For use of Local Registrar)City of RAWIN (No. ....) St. .... Ward  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Rawlin Washington (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 12, 1916</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Richard Washington

(9) PRESENT POSTOFFICE OF FATHER Dalzell S.C.

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 21  
(Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lelia Knox

(15) PRESENT POSTOFFICE OF MOTHER Dalzell S.C.

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 1

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at S. P. M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Martha Maack Dixon  
(24) State whether Midwife Physician or Midwife (25) Address of Physician or Midwife Dalzell S.C.

Given name added from a supplemental report

(26) Witness Mrs. Eva Burkett  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 9-21-16 (28) B. M. Langhlin  
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.