

## (1) PLACE OF BIRTH

County of Bamberg  
 Township of 3 mill  
 or  
 Inc. Town of  
 or  
 City of

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

File No.—For State Registrar Only

13728

Registration District No. 404 Registered No. 44  
 (For use of Local Registrar)

(No. .... St.;

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

(2) Full Name of Child Cleveland 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 3 (6) Are Parents Married? no (7) DATE OF BIRTH May 25 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Washington(9) PRESENT POSTOFFICE OF FATHER Elk Bamberg S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26  
 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm laborer(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Nessie Mae Glover(15) PRESENT POSTOFFICE OF MOTHER Elkhardt S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24  
 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm laborer(21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:00 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour, P. M. or P. M.)

(23) (Signature) Amos Washington(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Elkhardt S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) May 27 1922 (28) H. D. Kinnard  
 Registrar Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make his 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.

RECEIVED BY COUNTY CLERK, COUNTY S. C.  
 WITHIN FIFTEEN DAYS OF THE DATE OF BIRTH, IN ORDER TO BE RECORDED IN THE BIRTH RECORDS.  
 IN CASE OF FIRST-BORN, NO. 1, THIS OFFICE, NO. 2, ETC., IN QUESTION 6.