

(1) PLACE OF BIRTH

County of

Charleston

Township of

or

Inc. Town of

or

City of

Charleston

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

(2) Full Name of Child

Thomassin Washington

File No. For State Registrar Only

80528

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 12 Short St. Ward)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 15 1916

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME

Thomas Washington

(14) NAME BEFORE MARRIAGE

Julia Flood

(9) PRESENT POSTOFFICE OF FATHER

12 Short St

(15) PRESENT POSTOFFICE OF MOTHER

12 Short St

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

34

(Years)

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

30

(Years)

(18) BIRTHPLACE

Lincolnton

(18) BIRTHPLACE

Julia's Island

(19) OCCUPATION

Day Laborer

(19) OCCUPATION

Washerwoman

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

2

(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 born alive at 8 A. M., on the date above stated. (Between or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Alice X. Myer

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

12 Short St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

10/17/16

(28)

Local Registrar

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.

fifth month of pregnancy.