

U. S. DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, WASHINGTON, D. C.
 IN CASE OF TWINS OR TRIPLETS USE 2 SEPARATE BLANK FORMS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 6, Section of Columns, Column 8, 9.

(1) PLACE OF BIRTH

County of Beaufort
 Township of St. Helena
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for this Registrar's
34857

Registration District No. 604 Registered No. 141
 (For use of Local Registrar)

City of (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 William Washington If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>boy</u>	(4) Type of 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>Nov 9 1920</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>David Washington</u>			(14) NAME BEFORE MARRIAGE <u>Agnes Seabrook</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Frogmore SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Frogmore SC</u>	
(10) COLOR OR RACE <u>negro</u>			(16) COLOR OR RACE <u>negro</u>	
(11) AGE AT LAST BIRTHDAY <u>43</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>46</u> (Years)	
(12) BIRTHPLACE <u>South Carolina</u>			(18) BIRTHPLACE <u>South Carolina</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>12</u>			(21) Number of children of this mother now living, including present birth <u>10</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9: P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) Dellie Jenkins & Frogmore S.C.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness
 (Signature of Witness necessary only when question 22 is signed by mark)
 (27) Filed 11/15 1920 J. B. Thomas
 Registrar

*When there was no attending physician or midwife, then the father, householder, etc., must sign.
 If a child breathes even once, it must not be reported as stillborn. No report is required of a stillborn before the fifth month of pregnancy.