

(1) PLACE OF BIRTH

County of Georgetown

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child Charles 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 1 6. Are Parents Married? Yes 7. DATE OF BIRTH May 6, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Charles Washington9. PRESENT POSTOFFICE OF FATHER Georgetown D.C.10. COLOR OR RACE Black 11. AGE AT LAST BIRTHDAY 23 (Years)12. BIRTHPLACE L.C.13. OCCUPATION Farmer20. Number of children born to mother, including present birth 2

MOTHER.

14. NAME BEFORE MARRIAGE L. A. Green15. PRESENT POSTOFFICE OF MOTHER Georgetown D.C.16. COLOR OR RACE Black 17. AGE AT LAST BIRTHDAY 23 (Years)18. BIRTHPLACE L.C.19. OCCUPATION Domestic21. Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Lina T. Miller(24) State whether Physician or Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed July 22, 1922 (28) L. A. Green 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.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18680

Registration District No. 2102 Registered No. 29
(For use of Local Registrar)

(No. St.; Ward)

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