

(1) PLACE OF BIRTH

County of Berkeley
 Township of C. S. Johnson
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

Registration District No. 500 Registered No.
 (For use of Local Registrar)

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

(2) Full Name of Child Arthur Washington If child is not yet named, make supplemental report as directed

(1) SEX OR CHILD Boy (4) Type of Birth Normal (5) Number in order of birth 1 (6) Age of Mother 24 (7) DATE OF BIRTH Nov 3, 1923
 To be covered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME <u>Louis Washington</u>	(14) NAME BEFORE MARRIAGE <u>Leathur Ray</u>		(14) NAME BEFORE MARRIAGE <u>Leathur Ray</u>		
(9) PRESENT RESIDENCE OF FATHER <u>Ridgewell St.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Ridgewell</u>		(15) PRESENT RESIDENCE OF MOTHER <u>Ridgewell</u>		
(10) COLOR OR RACE <u>Colored</u> (11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>21</u> (Year)		(16) COLOR OR RACE <u>Colored</u> (17) AGE AT LAST BIRTHDAY <u>21</u> (Year)		
(12) BIRTHPLACE <u>Berkeley Co</u>	(18) BIRTHPLACE <u>Berkeley Co</u>		(18) BIRTHPLACE <u>Berkeley Co</u>		
(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housewife</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Emma Green
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ridgewell

Given name added from a supplemental report

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

(27) Filed Nov 29, 1923 (28) W. H. Smith

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