

WRITE PLAINLY. WITH SPACING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 4.
MEDIAN OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston
Township of St. P. St. M.
or
Inc. Town of.....
or
City of.....

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

No. 17026
For use of Local Registrar

Registration District No. 2-1-9 Registered No. 91
(For use of Local Registrar)

(2) Full Name of Child Michael Washington
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age of Parent 20 (7) DATE OF BIRTH June 17, 1923
(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(8) FULL NAME Wm. Key Washington (9) NAME BEFORE MARRIAGE Evel Matthers

(10) PRESENT POSTOFFICE OF FATHER Myers S. C. (11) PRESENT POSTOFFICE OF MOTHER Myers S. C.

(12) COLOR OR RACE Col (13) AGE AT LAST BIRTHDAY 27 (14) COLOR OR RACE Col. (15) AGE AT LAST BIRTHDAY 21

(16) BIRTHPLACE Charleston S. C. (17) BIRTHPLACE Charleston S. C.

(18) OCCUPATION Common Laborer (19) OCCUPATION Chambermaid

(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 10 a.m. on the date above stated. (Born alive or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) Suey Washington (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife R. 2nd wife

Given name added from a supplemental report

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

(27) Filed July 25, 1923 (28) B. F. Myers 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.